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# Journal of Social Hygiene

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## YOUTH AND MORALS

MAURICE A. BIGELOW

*Director School of Practical Arts, Teachers College, Columbia University*

It is worth while for this conference on social hygiene \* to consider this topic because so many good Americans of the middle-age group have come to believe, or imagine, that the sexual morals, like the manners, of our young people of the teens and early twenties have already gone far on the road to the kennels of the bow-wows and other degenerate breeds of dogs. For seven or eight years we have been learning from gossip, sermons, magazines, and books that young people are not the paragons of virtue their fathers and mothers and other relatives of the two preceding generations were, or are reputed (in more or less lapsed memory) to have been. In short, it is boldly asserted that a great moral breakdown of youth in America has suddenly come "like a wolf on the fold."

Is it true? Have most, or a majority, or even an alarming minority of the young men and women of America changed their moral standards as suddenly as they have changed their styles of clothing and hair cuts? Is there a vast increase in immorality or promiscuity among young persons of high school and college age of today as compared with those of

\* These remarks were made in Atlanta, Georgia, Nov. 20, 1926.

twenty, thirty, or forty years ago? To all such questions which aim at wholesale conviction of our young people of moral delinquency, we who know the observations that the American Social Hygiene Association has been able to gather answer "not guilty," and we challenge the authors of sensational statements to prove the contrary to the great jury of level headed and stampede-proof parents, educators, ministers, and sociologists who have long been watching the progress of youth in America.

Whence come the bold charges that young people of today are not as moral as were those of the generations of the parents and grandparents? It is easy to find five answers to this question:

First, some of the charges come from perfectly honest persons, the majority of whom are women, who learned very little of the private lives of other young persons around them in their own youth. I have met dozens of such persons who "never heard of such awful doings" in the communities in which they passed their childhood and youth. In some of these cases I have taken the trouble and had the opportunity to inquire concerning local conditions, and I have learned that more or less irregularity of conduct of youth has long been known to doctors and others who have lived long and learned much in said communities. In fact, it seems to be doubtful whether many large communities have for generations been free from hidden skeletons in the neighborhood closets.

Second, some charges come from those who have specialized in delinquency until they have forgotten normality. It is notorious that specialists dealing with abnormal cases tend to arrive at unscientific generalizations regarding normal people about whom they know little. Witness the extravagant claims of some specialists in venereal diseases, psychoanalysis, and sociology.

Third, many of the reports of moral breakdown come from sensation mongers who, for purely mercenary motives, draw

unscientific conclusions from a few selected cases. This is the chief reason for the writing of yellow magazine articles and similar books concerning the conduct of present-day youth.

Fourth, there are apparently numerous emotionally disordered persons who get great thrills from reciting in speech or print more or less fictitious stories of the frailties of modern youth. When a complete psychology of vulgar gossip is written we shall be able to understand the emotional attitudes and reactions of such persons.

Fifth, there are doubtless places on the map of the United States in which, for local reasons, many of the young people have "gone to the dogs," especially along the alcoholic or sexual paths. But of course it is illogical to generalize and assume, as many have done, that a local condition is an example of what exists in general. As an illustration of what I mean, I have visited small towns in which many of the men were drunkards, but of course there are plenty of communities in which very few men use to excess the available liquors. As another illustration, there are several communities in this country which were named "Sodom" because of local degeneracy and wickedness which once existed.

I have given five explanations of the origin of the present nation-wide excitement about the supposed moral breakdown of youth. Such sources of serious charges do not inspire confidence. Nevertheless, we must not minimize the many undoubted facts which indicate that young people of this generation are facing some grave problems of life. I simply assert emphatically that there is no mass of acceptable evidence in proof of the charge that the sexual morals of young men and women today are, on the average throughout the United States, any lower or any worse than were those of their parents and grandparents. Therefore let us be sensible and refuse to be stampeded into believing that all is lost and what's the use of trying to improve matters by application of social hygiene. Henceforth let us accept the "not guilty" plea of the defend-

ant, namely, the youth of today, until and whenever we have convincing evidence that some individuals are guilty.

Of course, I realize that at this point there might be a flood of pointed questions that seem superficially to challenge the above conclusions. Here are a few samples:

(1) What about petting? I answer briefly that it is a modern name for an ancient game that in one form or another has existed since the prehistoric zoölogical gardens. It certainly has its dangers as a sexual excitant; it is in its present public form as crude and vulgar as the petting of the monkeys in the old-fashioned circus; but remember, petting, like the pathogenic kissing games of forty years ago, is not in itself proof of sexual immorality or promiscuity.

(2) Has there not been a proportionate increase of immorality among high-school and college students? Perhaps, yes, in some places; but remember that thirty or forty years ago one in a dozen boys or girls went to high school, and now several times as many. The result is that irregular conduct among the types that formerly did not go to high school may now be blamed on the school. The same is true of colleges. In both cases, educational institutions are packed with a large percentage of young people that nature never intended for the kind of education they are getting. The wonder is that in so few places is there evidence of increase of student immorality. There are more high schools and colleges in which the moral standard is very much improved.

(3) Has not the so-called "birth control" made promiscuity of young people more common? There is no evidence pointing toward an answer in the affirmative. We hear a lot of unscientific talk about "improved methods" in this field, but the fact is that the methods which appear to be known to young people who admit promiscuity are not at all new discoveries of the present generation. One of them was widely disseminated in the last quarter of the nineteenth century and the other was well advertised in the King James version of the Old Testament.

It is true that numerous young people know the physiological principles involved in birth control, but there is no evidence that such knowledge has led to a vast increase in practice. On the contrary, the available facts indicate that moral ideals still hold fast and guide the conduct of the great majority of young women and of a larger percentage of young men than in the preceding generation.

Thus, considering these and many other reported or asserted indications of moral decline, I am forced to the conclusion that I can find no reason for believing that, as a rule, the sexual instinct is not being managed by the American young people of today at least as well as by the parents in their youth. And to this I would add that vast numbers of young persons of this period have learned to manage their sex life for development of personality and of affection on a higher level than was common in the good old days of the parental generation now passing from life's stage.

## A STATE PROGRAM OF SOCIAL HYGIENE EDUCATIONAL MEASURES \*

WYATT CHILDS BLASINGAME, A.B., M.A.

*Director Bureau of Venereal Disease Control, Alabama State Department  
of Health*

A state program of social hygiene educational measures must recognize first of all two classes of people: (I) Those already infected, and (II) those not infected. Among the first class are three distinct types: (a) Those who know the seriousness of their situation and the danger to others and who have a fair regard for the welfare of others. These are not dangerous. (b) There is a rather large class, comparatively, who know of the dangers but who are perfectly indifferent to

\* Address delivered at the Fifty-Sixth Annual Meeting of the American Public Health Association, Cincinnati, Ohio, October 17-21, 1927, in the special session on Venereal Disease Control.

the welfare of others. These are criminally dangerous. (c) Then there is a class who know really very little of the nature of their infection and are therefore very careless. These are tragically dangerous. Teach them. Of the second class—the non-infected—Youth is the largest group. They are ignorant of the common prevalence and thoughtless of effects.

An educational program, to be effective, must recognize these classes and make plans accordingly.

### CLASS I

The first type of Class I, those infected yet conscious of the dangers to others and honest in dealing with others, is not a serious public health problem and need not require much time or effort. They are interested in every effort to control the spread, and are the friends of the health departments. They sowed their oats, expect to pay for the reaping, but have a sympathetic regard for the rest of mankind, including the women. Use them.

The second type of Class I, those infected yet having no regard for the safety of others, are really more numerous than any of us wish to believe. Many of the commercial prostitutes belong to this type, but certainly not all of them. The largest number are those whose lives are thoroughly selfish and who therefore have no regard for the welfare of anyone else. I class these as criminally careless. No educational program will reach them. The best an educational program can do where these are concerned is to educate others to look out for "the road hog." The callous indifference of this type is shocking even to many of the so-called "hard-boiled" type. The law must deal with these and until it does we shall continue to have more infection than is well for the state.

The third type of Class I, those morons and semi-morons who have more physical energy and strength than brains, will continue to be a problem so long as we have them among us. This means a long time beyond our day. They are, at least in their earlier years, ignorant of the diseases and when they



learn of them by experience do not realize the seriousness either to themselves or to others. Having no moral convictions, they are the victims of their own passions and of the greed of that large, selfish, criminally careless class referred to above. There is hardly a chance of their escape except through early marriage, and this does not always save them. With good home environment, sane teaching of hygiene in schools—if they remain in school long enough to get this and if the schools are able to offer such training—and with the proper religious training to arouse the emotions for right, many may and do escape, but they constitute a very large part of the problem of venereal disease control. They are not vicious, not at all. They are really too good, too quiet—lacking in self-control and initiative to overcome the false teachings of their associates from the criminally careless class. They are potential victims that every student of human nature recognizes—that the psychologists point out as dependent in the final outcome on environment and on the type and amount of instruction given during the adolescent years.

In my first study of this problem, ten years ago, I came to the conclusion that the first possible place in which to reach and educate these diseased people just described is the clinic. No educational program as such has yet been devised that would reach them effectively. When they are in trouble and have exhausted their own means they are willing to attend the clinic, and there an efficient physician and nurse, possessed of hearts through which runs blood warm with human kindness and souls awake to the needs of the weak and unfortunate, may catch them in a frame of mind willing to learn the first lessons of self-preservation and of hygiene. Nine years of experience have added only stronger convictions that the first essential in venereal disease control, the only avenue of contact for education along hygienic lines, is the clinic. Save the body, and educate the mind at the one most impressive time, and, maybe, save a life from the torture

of a long drawn out fight with spirochetes within and human depravity without.

In Alabama we have stressed the clinic not only as a place for treatment but as an educational center. We have treated more than eighty thousand patients during the last nine years and have given them treatment valued at \$7,000,000. We have always maintained free clinics in the cities, and have made free treatment available in the most remote corners of the state. Any educational program that leaves out the clinic and its opportunities is missing the first essential and delaying the whole program for years. Those already infected need first attention—not so much, maybe, for their own sakes as for the welfare of their associates.

## CLASS II

The most productive efforts are among the youth of high school age—that large class of young Americans so ignorant of the prevalence of these diseases and so indifferent to their consequences. Every high school in Alabama is visited and lectures are given on general health to the whole student body. Only so much of hygiene is given as is recognized as possible and proper for mixed audiences. Then a heart-to-heart talk is given to the boys. Much less stress is laid on diseases than on physical fitness, the beauties and possibilities of strong manhood, the advantages of good health not only to the individual but to the next generation—his children, for whom he is responsible. The effects of dissipation, sexual and otherwise, during these maturing years are discussed, and something of the prevalence and seriousness of the venereal diseases is presented.

There is an arrangement between the State Board of Health and the State Department of Education for the presentation each year at a stated time of one or more lessons to the science classes of the high schools. Material for these lessons is supplied by the Health Department. The “Venereal Disease Handbook for Community Leaders,” “High Schools and

Sex Education," and the various bulletins are supplied the teachers, and a copy of "Keeping Fit" given to each boy. In this way we reach almost every boy several times during his adolescent years.

The country boys who do not get a full high school course, or those who are in the small high schools that we do not visit for lectures, are reached through the various corn, pig, and calf clubs of the Extension Service of the Department of Agriculture. Our summers are largely given to these boys. The Boy Scouts get a double share of lectures. Most of these boys are in the high schools and are reached in both places.

A very fine point of contact is made through the ministry. Material on general health subjects, and plenty along sex hygiene lines, is supplied our entire ministry each year. Most of them react helpfully to this material. Not many give a sermon to the subject, but they have the information and use it as occasion develops, and many express their appreciation of it and want more.

The Federated Clubs, Parent-Teacher Associations, and League of Women Voters have for several years been wholly in accord with the activities of the Health Department along hygiene lines, and sponsor programs, speakers, and efforts in many ways suggested by this department. Many of the church organizations have used the subject for one or more programs during the year.

A distinctive feature of our program is among the Negroes. We have the active coöperation of Tuskegee Institute. This institution fosters a movable school of agriculture and home economics. This school on trucks spends three days in a community, teaching and illustrating all the practical ideas for home and community and individual betterment. The Health Department supplies a trained nurse for this school to teach sex hygiene, venereal disease control, and child care. This is really a field for great service, and it is used to good advantage.

You may have noticed that we have not given much stress

to sex hygiene among the girls. We have never learned just what should be taught to young girls—have never found the woman who knew and who would agree to give her time to the work. Hence the field has not been developed. Some work among the colleges and with the normal schools has been done, but not a systematic program persistently carried out.

I have read with care and interest the educational programs from the various states. From these I would suggest the adaptation to your needs—and to your ability to use them—of some of the features of the Virginia program for reaching girls and women; a more insistent effort to reach the Parent-Teacher Associations, as is done in New York and Michigan; an effort to reach the rural population through the annual county fairs, as is done in Illinois; a greater use of the press, as is done in the state of Washington; and school interest stimulated, as is done in Mississippi.

Instead of lessening our activities along the line of law enforcement, as most of us have done, we could get real results by constant hammering. Whether or not one may regard law enforcement as a part of an educational program, all must agree that an alert police force may prove a real mental stimulus to those inclined to ignore for the grosser physical passions every incentive to wholesome life and to living purely.

There is need for a new picture embodying the lessons of the past in modern setting—one that may be used in high schools and normal schools, if only in science classes.

In conclusion:

Teach the infected through the clinic.

Teach the weak and vicious through the courts.

Teach the buoyant, innocent youth through schools and through every available contact.

## DISCUSSION

ALBERT PFEIFFER, M.D., *Director Division of Social Hygiene, New York State Department of Health.*

For purposes of discussion, I take it that measures used only for the education of the laity in social hygiene are intended, and not those for the professional groups, consisting of physicians, dentists, pharmacists, and nurses.

## CLINICS AS TEACHING CENTERS

As a result of surveys made with the object of having clinics established on a county basis, I have found that the featuring of clinics as teaching centers appealed to physicians and leaders in the community. The scope of activities must be indeed limited and devoted mainly to those attending the clinics, in most cases to those already infected. For educational methods to be entirely successful, they must be applied particularly to the adolescent and pre-adolescent youth, male and female. No distinction is possible. The impressionable period of life is the best time to form health habits; therefore instruction should be available to the pre-school child. To accomplish this, our efforts must also be directed to all who have the interests of our future citizens at heart, both men and women.

## LECTURES

Last year 794 lectures were given to an attendance of 99,292 people as compared with 620 lectures to 65,272 individuals in 1925. The most marked advance has been made in the Parent-Teacher and high school groups.

The gain does not necessarily show the demand for or the success of our previous efforts, but it does show that the main groups can be stimulated to accept our educational program. Many requests, particularly for summer camps, could not be accepted because of our limited available personnel. Our syllabus for girls differs but little from that for boys.

We have been fortunate in having a woman physician who has been uniformly successful in presenting this material. While advocating that sex education can best be imparted in the home, for practical purposes we look to the schools, recommending that the instruction should be given throughout the school year and distributed in the various courses. However, I am not satisfied with our present accomplishments along this line nor with what we have to offer.

The cost per person reached by the educators through interviews and lectures is so high and the number of people who can be reached are so few comparatively that we are endeavoring to devote this service mainly to key men and women and to outline the work which we should like to have carried out as a permanent program during the year by local community leaders. During the last seven years only one-tenth of the people upstate have been reached through lectures by our staff of educators, and only 576 communities, although we have 2500 post offices. Many practising physicians and health officers find social hygiene a very acceptable subject for an address, and find that it helps to increase their prestige.

#### NEWSPAPER PUBLICITY

The value of the press cannot be overemphasized. We endeavor to obtain an advance announcement of all lectures and later an account of the meeting. A short, well-prepared, typewritten abstract of the talk, with possibly a cut of the lecturer, is usually appreciated and used by the local press. While but 25 or 50 might hear a lecture, several hundred might have the opportunity to read the message. As an example of the effectiveness of a newspaper article, the *American Agriculturist* inserted one under the caption "Protect the Young Mind" (truth is better than evasion) and another later under "Start Them Off Right" (right attitude is the best foundation). The editor wrote that she was "overwhelmed" with requests for literature; 195 requests were received after the first article and 179 came after the second,

and in addition more than 100 were received in our office, calling for a total of over 2,300 pamphlets.

### PERIODIC CIRCULARS

The educational measure which I am most impressed with as effective and economical is our system of periodic circulars to the laity. We have a mailing list of leaders throughout the state which has grown from 5,000 to 20,000, mainly by request, consisting of active workers, men and women responsible for guiding adolescent youths and molders of public opinion. These persons are distributed throughout the state and there is at least one in each community. A letter, sometimes enclosing an especially prepared pamphlet, is sent every second month except July and August, making five during the year, at a cost of approximately \$200 per issue, including printing and envelopes, which is about one cent per capita. The clerical work is done by our regular staff.

### RESULTS OF PERIODIC CIRCULARS

A favorable public opinion is formed. The repetition during the year has a definite cumulative effect while with lectures usually but one a year can be given in one place. The communications may be written to meet definite emergencies and the interests of people in every part of the state may be secured simultaneously. The rural communities can be served. These letters have brought in requests for several hundred lectures and for several thousand pamphlets.

### POSTCARDS

Returned addressed postcards containing a list of pamphlets that we have for free distribution are given out at lectures and county fairs and sent to all on our lay mailing list. We find that if pamphlets are requested they are usually read, so we do not give them out otherwise.

## RADIOS

We have found that the radio has been an effective means of acquainting a large number of people with certain phases of social hygiene. In addition to odd evening talks last year we gave a series of four afternoon talks for girls and mothers. Many requests for additional information were received. WGY has requested a similar series of talks this year for boys.

## FILMS

I believe that the films which are at present available, such as "The Gift of Life," "The Science of Life," the lecture film for men, and the one for women, fulfill our needs for visual education for a peace-time program. A national emergency calls for a modified program; in such a case modern versions of the films "The End of the Road" and "Fit to Fight" would be expedient.

## DISCUSSION

HARDIE R. HAYS, M.D., *Mississippi State Board of Health.*

We are indebted to Mr. Blasingame for a very comprehensive presentation of this most important subject. Indeed, he has his subject so well in hand that he has left little to be added.

Up to the present it would seem that the majority of states have spent the greatest part of their time in working with the second class, the non-infected class. In my humble judgment that is the reason why we have, to a large extent, failed to control venereal diseases. These diseases are not different from other communicable diseases and the same strategy must be used in dealing with them—to find the depots of infection, protect the uninfected ones from the infected, and restore the sick to health. The work of warning the public regarding venereal diseases has been most enthusiastically done but the



task of finding the infected persons and educating them as to the seriousness of their condition and as to their responsibility in protecting the public from their malady it would seem has been somewhat neglected.

In discussing the three groups of infected individuals the speaker said to use the first group—those who know the seriousness of their situation and the danger to others and who have a fair regard for the welfare of others. How are we to use this group? It is our duty to get just as many of group two into group one as possible and to impress constantly on group one their opportunity for service.

We use the arrested tuberculous as ambassadors not to the public at large but to speak hope and cheer to those who are infected with tuberculosis. In a like way we should stress the responsibility of those who can be made to feel responsible to get under treatment and keep under treatment themselves, and to create a public health conscience among those who do not take their malady seriously. The point should be clearly made that the absolutely indifferent are dangerous and should be brought under the strong arm of the law. It is not criminal to have the venereal diseases but to spread them is an unpardonable crime.

Decidedly the greatest problem that we have in the whole work of putting over the educational program is to get the physician to think of venereal diseases as maladies which require his most serious consideration, both from a clinical and from a public health standpoint. How many physicians are there, do you think, who take any time at all to explain to their patients their obligation to protect the public from such maladies? In my humble judgment, if the physician took this matter seriously and would take enough interest in this side of his clinics and his private practice our problem would be way over half solved. By this service a large part of groups two and three could be put into group one. Of course I realize that not all could be so handled. To handle those who were not amenable to reason, I would have a wide-awake,

well trained inspector—two for a state like Mississippi so that they might cover the state at least twice a year with some degree of care. Their duty would be to make under-cover investigations of each community and furnish written copies of their reports to the health and the law-enforcement officers. They should spend much time in conference with law-enforcement agencies, giving them the right viewpoint. They should also have conferences with practicing physicians, asking that they furnish a list of any patients who are neglecting their treatment or wilfully scattering the disease. These patients should be called on and shown the error of their way, and should be told in no uncertain terms the penalties which would be meted to them if they continued to cause the infection of others.

These inspectors should also call on the drug stores and by personal interviews encourage the druggists to send their customers to physicians and clinics and cease to counter-prescribe. I am convinced that a good, alive, awake inspector can do more to prevent the existence of depots of infection than can be accomplished in any other way. They can be more efficient than any other agency in finding the depots of infection and getting them cleaned up and preventing their reestablishment.

The secret of success in controlling venereal diseases through educational efforts lies in educating the medical profession to the public health viewpoint, the law-enforcement agencies to thorough coöperation, and the carrier either to feel his responsibility if he is capable or to dread the law if he is incapable of responsibility.

It is believed that we have done the job of educating the public satisfactorily in the past, but we can never hope to educate people to such an extent that because of fear or duty they will refrain from taking the chances of contracting venereal diseases. Sexual relation is a fundamental biological law which no amount of education will ever set aside. I am convinced that the teaching of continence as a protection

against venereal diseases will gain few converts. The teaching of chemical prophylaxis is folly because we have no agent which is effective when used by untrained persons. In teaching the public the control of venereal diseases we should recognize sexual intercourse as a biologic principle but urge the axiom that promiscuity means venereal diseases in the ultimate. We should recognize no sexual urgency that would demand prostitution. We can always urge soap and water cleanliness.

For the education of both class one and class two no better method can be conceived of than a careful, sympathetic talk by the physician or social worker, together with carefully selected, well written pamphlets on venereal diseases. For the public at large we should have a good, strong picture which should be shown freely. We should ask the press to give space to articles dealing especially with the economic losses from venereal diseases. This reaches the public better perhaps than any other form of publicity.

We should ask the Federal Department to find good writers who are capable of studying the venereal disease problem and let them prepare articles and furnish them to the state officers for release every week.

At the right time I would like for this conference to pass a resolution asking the American Social Hygiene Association to prepare us a good new picture, and the United States Public Health Service to make available a publicity man to furnish weekly articles for release to the state press. We should pledge to these agencies all the help possible by furnishing accounts of our special campaigns or successes so that they could pass them on.

I want to thank the essayist again for his most excellent paper.

## THE VERMONT EXPERIMENT IN VENEREAL DISEASE CONTROL \*

FRED S. KENT, M. D.

*Director, Division of Venereal Diseases, Vermont State Board of Health*

When the federal appropriation under the Kahn-Chamberlain Act ceased to exist, June 30, 1925, Vermont found herself with a fairly well established venereal disease program but no funds with which to continue this work. Previous state legislatures had matched federal funds. Consequently the state's appropriation ceased at the same time as the federal appropriations.

For the past few years the budget for the Public Health Department has asked for \$40,000, and from this the State Laboratory of Hygiene as well as the various activities of the Department of Public Health have been able to function. Therefore whatever was to be done in the control of venereal diseases must be accomplished with funds that could be spared from this appropriation.

The program inaugurated in 1919, while under the direct control of the State Board of Health, was supported from funds directly appropriated for venereal disease work. Clinics were established in a few localities and an attempt made at a general educational program, and a specially trained consultant was furnished whose work, in addition to the duties of general director of the division, included going into the smaller communities and assisting in local programs.

In spite of many attempts to foster a definite educational program, little, if anything, was accomplished. As I have reviewed the correspondence that has accumulated during the last eight years I have been impressed with the fact that no clubs or organizations have wished to identify themselves with this work and that lack of funds has prevented the director from assuming the obligation single handed, and therefore

\*Read at The New England Health Institute, Providence, Rhode Island, September 27-30, 1927.

work in this particular line has amounted to practically nothing. Clinics were first established at five points. Four of them lasted until June 30, 1925; the fifth ceased shortly after its inception, for lack of interest.

The present director came to the work in September, 1924. At that time clinics were supported in the cities of Barre and Rutland, and two in Burlington. The two former were cared for by general practitioners. There were no special clinic hours; patients came to the office at the regular office hours of the physician. The Burlington clinics were supervised by the director of the division, and two days were set aside each week for this work. After six months of observation and investigation it was found that the attendance at these clinics in no sense of the word warranted their continuance. With the stopping of all special federal and state appropriations it became necessary for the general appropriation to shoulder the financial responsibility, and since that appropriation was pared down to the actual needs of the Health Department without including venereal disease work, it was obvious that something radical should be done. The system described in the following pages was therefore devised. It has been in operation now over two years, and it is submitted here with all its faults for whatever it is worth. In view of the fact that we are able to do this work on a "shoe-string" basis, the director believes that the results, while they are not comparable to those of a well organized clinic, are worth while.

The system in brief is this: The local physician reports to this division a case of gonorrhea or syphilis and accompanies the report with a statement that the patient is unable to bear the expense of a prolonged course of treatment at one of the larger centers, and asks for aid in solving the matter. Following this statement, the physician is reached either by telephone or by letter and is advised that the Department will furnish drugs, etc., should he desire to administer treatment. In practically every case this plan is adopted. The physician retains that intimate contact with the patient which is so

necessary to the success of the project. In these cases the state through its appropriation has managed to squeeze enough money to pay for all our arsenicals, mercury or bismuth, and for syringes and needles; and the physician, because he is our consultant, takes care of the case. Naturally we have many men who are doing this work privately, but it is not infrequent that a man is first introduced to the work of intravenous therapy in this way. This method of carrying on the program has been satisfactory for many reasons, chief among which has been the keeping the patients in the "private patient" class.

Naturally the attitude of the Vermonter must be understood to appreciate this point more properly. Clinics are not a success in this state. The Green Mountain Yankee detests the "bread line" system of getting something. In the second place, the state is too small to conduct a clinic on venereal diseases very successfully, for obvious reasons. With the exception of a few of the largest cities, no patient can go to a doctor's office no matter whether or not it is the office hour without exciting comment from his neighbor. We have eliminated the "bread line" attitude so far as the patient is concerned, because he feels that to a certain extent he is a private patient of the physician. The follow-up work which is so necessary in this matter is not at all difficult as compared to the old system of clinics.

There is one thing that I would like to make very emphatic and that is the point that the work for the last two years has been carried on without one cent of appropriation from the state. The success it seems to have had has been due solely to our management of the work.

The question is sometimes asked of us what we would need most to make our venereal disease program a success. To that I can only reply that there are many things we need, the first of which is a good acceptable venereal disease program, and the second of which is sufficient appropriation to make that a success. That we need some such program and

funds I have no hesitancy in saying, and in support of this statement I cite a report of the summer clinic recently completed:

That you may understand the reason for its beginning I might say that in November, 1926, a rural physician in the southern part of the state came to the office with this problem: He was about to give up his practice and leave the state. Two weeks previous nine cases of primary syphilis had presented themselves at his office for treatment. No one of them was able to pay for this work. He was able to trace the source of the disease and had found the initial case. The whole matter was then brought to our attention and arrangements were made whereby these people came once weekly to the clinic at this office. When it is realized that this town was one hundred and eighteen miles from Burlington, it gives a little insight into the willingness of these people to sacrifice one day for this treatment. During the months of November and December these nine people appeared once weekly and were treated. It was impossible to carry on the work during the winter months.

During the first part of April I proposed to Dr. C. F. Dalton, Secretary of the State Board of Health, that something be done to help these individuals since I had very good evidence that there were as many more people in this community likewise affected. Dr. Dalton was of the opinion that the experiment was well worth trying, and that the work could be carried along at the same time with other work and was therefore well worth our effort.

A beginning was made on April 18, 1927. A local physician had interested himself in the matter and most generously offered us the loan of his office and equipment for the work. Nine patients presented themselves the first day, and each, after the routine examination, was started on a course of arsenicals with mercury and iodine. It is not necessary to take you step by step through the routine of the past summer, during which one trip was made weekly to this community.

You will notice that I made the remark some time ago that the fear of being seen entering a doctor's office was one reason why these people would not follow up treatment. After the third visit the doctor's office was dispensed with. I know it will shock most people who may be interested in reading this brief report when I say that practically all of these people were treated in their own homes, because

the question will at once arise as to the facilities for sterilization, etc. But let me say that sterile syringes, needles, and equipment were carried in sterile packages, and I feel fairly certain that many of these treatments given in these crude homes in the rural communities were given under as nearly aseptic conditions in so far as the actual administration was concerned as are experienced in many private offices or clinics.

In some unknown manner—I prefer to call it “Rural Telegraph”—from time to time patients were referred to me by these original people so that at times as many as fifteen were being treated each week. Not all these cases were syphilis; many cases of gonorrhea, both acute and chronic, were seen and treatment started, and were then referred to a local or other physician from whom treatment much oftener than at weekly intervals could be obtained.

During the five months twenty-four trips were made. This meant a round trip of two hundred and forty-six miles each time. A minimum of six patients per week and a maximum of fifteen were treated. Five patients received twelve doses of neosalvarsan and twelve doses of potassium bismuth tartrate with the usual mercury by inunction and potassium K. I. by mouth. This makes a total of one hundred and twenty treatments. Seven patients had eight doses of neosalvarsan and eight doses of mercury salicylate with K. I. by mouth for a total of one hundred and twelve treatments. Two cases had less than the required course in either neosalvarsan or mercury. Their treatments totaled twenty-one. This made a grand total of two hundred and fifty-three treatments. These patients will make, I believe, some sort of attempt to have their cases followed up. Whether or not the work will be assumed next year is a question. It certainly is not a question whether or not it is worth while.



## EUGENIC STERILIZATION IN CALIFORNIA

### V. ECONOMIC AND SOCIAL STATUS OF THE STERILIZED INSANE

PAUL POPENOE

*Pasadena, California*

One of the objects of a comprehensive study of sterilization in California,<sup>1</sup> which has been under way for two years, financed and directed by E. S. Gosney of Pasadena with the coöperation of an advisory committee made up of authorities in many different fields, is to find out what kind of people are being sterilized. Such knowledge is a prerequisite in any attempt to estimate the effect which the eugenic sterilization law may have on the composition of the next generation, as well as the effect on the individual sterilized.

The standard form for statistical data now in use in American psychopathic hospitals calls for a statement of the patient's environmental background (urban or rural) and of his economic condition (dependent, marginal, or comfortable). This statement has been (since 1920) embodied in the reports of California hospitals, but it was not recorded in connection with the sterilization data on which we worked except in two of these hospitals (Napa and Stockton); hence our figures are in this respect inadequate, comprising only 200 cases, and are not to be taken as more than suggestive. For comparison, they are presented with the percentages based on all first admissions (about 15,000) to the California hospitals, 1921-1926 inclusive.

<sup>1</sup> For particulars regarding this study, see "Eugenic Sterilization in California. I. The Insane." JOURNAL OF SOCIAL HYGIENE 13:257-68, May, 1927. A list of the other papers in this series will be sent on request to E. S. Gosney, 28 North Marengo Avenue, Pasadena. The JOURNAL OF SOCIAL HYGIENE has published "II. The Feeble-minded," 13:321-29, June, 1927; and "IV. Changes in Administration," 13:468-77, November, 1927.

TABLE I  
ENVIRONMENT OF THE INSANE

	Sterilized	All
Urban . . . . .	72.00±2.20%	76.92±0.30%
Rural . . . . .	28.00±2.20	23.08±0.30
	<hr/>	<hr/>
	100.00	100.00

There is no difference of note in this connection. The figures for economic condition are more striking.

TABLE II  
ECONOMIC CONDITION OF THE INSANE

	Sterilized	All
Dependent . . . . .	56.50±2.40%	17.02±0.30%
Marginal . . . . .	35.50±2.30	69.19±0.30
Comfortable . . . . .	8.00±1.30	13.79±0.30
	<hr/>	<hr/>
	100.00	100.00

More than three times as many of the economically dependent have been sterilized as would have been selected if the sterilizations had been pro-rated among all degrees of prosperity.

To analyze the data more carefully, as well as to deal with adequate numbers, we studied the occupations of all of the males in our schedules (1055). Each occupation was rated by F. E. Barr's scale,<sup>2</sup> which provides a numerical value for it depending on the amount of intelligence which a number of judges thought necessary to succeed in it. Such a scale is of course subject to criticism from various angles, but it at least has the advantage of providing a hierarchy largely free from subjective bias. Table III shows the distribution of these males.

Unfortunately we have only 100 male controls (unsterilized insane) for whom occupational information is available. The

<sup>2</sup> Terman, L. M. "Genetic Studies of Genius. 1. Mental and Physical Traits of a Thousand Gifted Children." Stanford University, 1925.

TABLE III  
BARR RATING OF STERILIZED INSANE MALES

	Married	Single	Unknown	Total
0.0-1.9 . . . . .	1	31	1	33
2.0-3.9 . . . . .	48	199	1	248
4.0-5.9 . . . . .	33	84	1	118
6.0-7.9 . . . . .	33	57	..	90
8.0-9.9 . . . . .	98	114	..	212
10.0-11.9 . . . . .	31	42	..	73
12 up . . . . .	9	9	..	18
Not stated . . . . .	55	183	25	263
	308	719	28	1055

means of the two groups, sterilized and unsterilized, are shown in Table IV.

So far as this small group of controls from one hospital (Agnews) can be taken as representative of the other non-sterilized insane, it appears that they are in each instance slightly superior to the sterilized in status.

In both groups of the insane (sterilized and unsterilized) there is a significant difference between the married and unmarried—a difference as great as that between the intelligence and social standing of a dairy hand or drayman and a

TABLE IV  
MEAN BARR RATING OF INSANE MALES

	Married	Single	All
Sterilized . . . . .	7.44±.11	5.70±.09	6.24±.04
Controls . . . . .	8.80±.32	5.62±.25	7.76±.22

railway fireman or city policeman—on Mr. Barr's scale. The inclusion of hoboes and ne'er-do-wells doubtless lowers the average of the bachelors; on the other hand, it will probably be found in any large group that the married men are the superior ones. The inferior man is unable to marry, either because of his mental hygiene, or because he cannot attract a wife, or because he cannot support one.

The largest group in each case is made up of the unskilled

laborers, but these comprise 28 per cent of the single, only 16 per cent of the married. The next largest group is made up of the skilled laborers, who comprise 13 per cent of the single, and 32 per cent of the married.

From a eugenic point of view it is of most importance to compare the sterilized with the whole population of the state of California, since only in that way can one form an idea of the effect which sterilization is likely to have on the next generation.

Table V shows in the first column after the rating the percentage of sterilized males in each group of Barr ratings (disregarding the "unknown") and in the second column the corresponding percentage of the controls.

The third column gives the comparable figure for the total male population of the state,<sup>3</sup> 1920. The occupations were graded on the Barr scale in the same way as were those of the insane. It will be seen that the sterilized include a much larger proportion of the unskilled laborers (2.0 to 3.9) than a random sample would furnish. The higher grades are under-represented, except the skilled laborers and trades (8.0 to 9.9), which have just their proper share.

TABLE V  
PERCENTAGE OF MALES IN EACH GROUP OF BARR RATINGS

Rating	Sterilized (Insane)	Controls (Insane)	Total Population	Fathers of Superior Children
0- 1.9 . . . . .	4.06	0.00	0.00	0.00
2- 3.9 . . . . .	31.30	31.00	6.05	0.02
4- 5.9 . . . . .	14.83	9.00	20.23	1.14
6- 7.9 . . . . .	11.41	15.00	17.64	5.53
8- 9.9 . . . . .	26.86	20.00	26.07	9.12
10-11.9 . . . . .	9.25	17.00	20.20	30.47
12 up . . . . .	2.29	8.00	9.81	53.72
	100.00	100.00	100.00	100.00

<sup>3</sup> Census of the United States, 1920, Vol. IV, pp. 56-72.

Ratings from 0 to 1.9 include only hoboes and odd-job men, and these are not enumerated by the census. It is merely an accident, however, that there were none of this group in the controls.

The fourth column shows the similar percentages for a group of 525 men who are parents of superior boys and girls.<sup>4</sup> L. M. Terman and his associates canvassed a quarter of a million of the California school children, and selected for study the 1,000 brightest. Although the lists were "open to all," only one of these superior children was found to be the offspring of a day laborer<sup>5</sup>—the group most abundant in the sterilizations. A glance at Table V shows that half of the sterilized males fall in grades that have produced virtually no superior children in the sense in which we are here using the word. On the other hand, half of the fathers of superior children fall in grades so high that they are scarcely represented among the sterilizations at all.

For comparison, the mean rating of each group is here given, together with the number of cases on which it is based:

TABLE VI  
AVERAGE BARR RATING OF FOUR GROUPS OF MALES

	Mean	Number
Sterilized insane . . . . .	6.24±.04	789
Control insane . . . . .	7.76±.22	100
Total male population of California, 1920 . . . . .	8.38±.00	1,226,113
Fathers of superior children..	12.77±.08	525

Dr. Terman inquired particularly concerning the ancestry of the gifted children. Histories of insanity were reported as follows:

<sup>4</sup> Terman, L. M., op. cit.

<sup>5</sup> This was a farmer who had moved to Berkeley and taken a position as day laborer in order to put his children through the state university. He has therefore little in common with most of the day laborers described in this report.

TABLE VII  
INSANITY AMONG RELATIVES OF 1,000 GIFTED CHILDREN

	Male	Female	Total
Parents . . . . .	2	2	4
Grandparents and great-grand- parents . . . . .	11	5	16
Other relatives (sex not always stated) . . . . .	..	..	37
			<hr/> 57

“Six families report 2 cases each; one, 3 cases; and one, 6 cases. Thus 1.6 per cent of the families furnish 36.8 per cent of all cases of insanity reported.” “Only 15 cases of feeble-mindedness among relatives were reported to the physicians: none in parents, grand-parents, or great-grand-parents; one a sib of a gifted child; other relatives, 14. One family reports 5 cases (four uncles and one cousin, all in the paternal line). This is a third of the total number of cases reported.”

“There were 19 cases of epilepsy reported: direct line, none; sib of child, 1; grandparents and great-grandparents, 6; other relatives, 12.”

If there were no cases where a single family showed more than one of these kinds of abnormality, there is a total of 74 families marked by mental disease or defect, or 14 per cent of the 502 families for which these facts were available.

Of the sterilized patients (both sexes), 42 per cent reported a family history similarly tainted. This is three times as many as among the parents of superior children. If the histories had been compiled as carefully as were those of Dr. Terman's study, experience of other hospitals indicates that the percentage would probably be at least 56 per cent, or four times as great as that of the better stock.

But the two groups are still more sharply set off by the closeness of relationship of the affected individuals. Among the gifted children there were only four cases where a parent was mentally diseased; among the insane, the proportion of

cases where the disease is passed directly from parent to offspring is much higher.<sup>6</sup>

The conclusion is inescapable that the group of sterilized insane has very little in common with the group which is producing the brightest children in the community.

It is necessary to insist on this because of the vague idea, expressed by many writers, that "genius is akin to insanity"—

"Great wits are sure to madness near allied  
And thin partitions do their bounds divide"—

which leads to the unwarranted supposition that sterilization of the insane might deprive the commonwealth of some of its future most creative minds.

This is not the place to discuss the respective amounts of general truth, half-truth, and untruth expressed in the sneering couplet, now so hackneyed, which John Dryden hurled at the Earl of Shaftesbury. It is sufficient here to point out that, as sterilization has been practiced in California, it has affected a class of individuals who would certainly produce few, if any, superior children, and who with equal certainty would produce many inferior children.

Correlation of the Barr rating with the patient's age at the time of operation gave a product-moment coefficient of  $.06 \pm .03$ , practically 0. It is clear, then, that there is no relation between the two facts; and a low Barr rating cannot be supposed to be due to the patient's youth and likely to be raised with increasing years. Indeed the Barr ratings for these patients are probably maxima, since the history is likely to give the most favorable picture of the patient's ability and with the passing of the years he is likely, because of his mental disturbances, to fall in the economic scale rather than to rise.

In almost any ordinary group selected from the population, the men of lower economic status have the greater number of

<sup>6</sup> As we shall discuss this subject in detail in a future paper on the relation of heredity to mental disease, we do not go into it more fully here.

children.<sup>7</sup> "The large families live in the small houses, the small families live in the large houses." In the married sterilized males, the correlation between Barr rating and number of living children is  $.10 \pm .04$ , a coefficient so low in relation to its probable error as to show no relationship at all. In this group, then, the professional man is just as likely to have a large family as is the day laborer. Since the families of the entire group average very small, the mean number of living children per married male being  $1.64 \pm .09$ , it is probable that the negative correlation which is found in a normal population is wiped out by restraint of parenthood as well as by a higher infant mortality among the poor. In any case it is clear that among the sterilized males a knowledge of the patient's economic status gives no basis for prediction as to whether his family will be larger or smaller than the average in size.

Table VIII shows the mean Barr rating of the sterilized males for the principal groups of psychoses:

TABLE VIII  
ECONOMIC STATUS OF STERILIZED INSANE MALES

	Mean	Standard Deviation
Dementia praecox. . . . .	$6.83 \pm .17$	$4.16 \pm .16$
Manic depressive. . . . .	$6.70 \pm .14$	$3.08 \pm .09$
Feeble-minded, C.P.I., etc. . . . .	$5.15 \pm .19$	$2.72 \pm .14$
Alcoholic, drugs, G.P. . . . .	$6.76 \pm .24$	$2.68 \pm .08$
Epilepsy. . . . .	$6.06 \pm .38$	$3.48 \pm .28$
Miscellaneous. . . . .	$5.96 \pm .30$	$3.02 \pm .21$

The differences here are not very striking, and are all of the order that would be expected. The feeble-minded and constitutional psychopathic inferiors hold down the least desirable jobs; those diagnosed as dementia praecox are found in greater numbers in the higher occupations. But there are also many of the category last named among the hoboos and

<sup>7</sup> This is perhaps not true of a small group of successful men at the top of the ladder, who may have families of good size. But this group is not large enough to affect very markedly the general correlation in a population.



unskilled laborers; hence the standard deviation of this group is the largest of all.

A study of the economic status of the women who have been sterilized is difficult, because there is no hierarchy of jobs as among the males. Most of the women are homemakers—a description which unfortunately tells nothing about their real ability. Table IX shows the number and percentage of sterilized female insane in our records in each of a number of groups in which the occupational data have been roughly classified.

TABLE IX  
OCCUPATIONS OF STERILIZED FEMALE INSANE

	Number	Percent
Homemaker. . . . .	681	68.92
Domestic servant. . . . .	80	8.10
Office worker or clerk. . . . .	52	5.26
Skilled laborer. . . . .	12	1.21
Factory. . . . .	18	1.82
Teacher. . . . .	6	.61
Student. . . . .	42	4.25
Nurse. . . . .	10	1.01
Prostitute or vagrant. . . . .	5	.51
Misc. or not stated. . . . .	82	8.31
Total. . . . .	988	100.00

### SUMMARY

1. On the basis of scanty data, there appears to be no discrimination in sterilization as between the urban and the rural.

2. On the basis of the same data, there is a great preponderance of sterilizations among those classed as economically dependent, as contrasted with those whose position is marginal or comfortable.

3. On the basis of adequate data, the sterilized married men are found to have a definitely higher economic status than the unmarried. The same difference exists among the insane controls, and is probably general.

4. The largest group among the sterilized is made up of unskilled laborers, the next largest of skilled laborers.

5. In economic status, the sterilized insane average definitely lower than the total population of the state, and very much lower than a group of 525 fathers of superior children in the public schools.

6. Half of the sterilized males fall in classes that contributed virtually no superior children to L. M. Terman's study; half of the fathers of the superior children are in classes so high as to be scarcely represented at all among the sterilizations.

7. There is three or four times as much mental disease in the ancestry of the sterilized insane as there is among the ancestors of superior children, and in the former group the relationship of the affected is also much closer than in the latter.

Moreover, the contrasts between the two groups would certainly be greater if the ancestry of the insane were known and reported as thoroughly as that of the superior children.

8. Sterilization of the insane as it is practiced in California will prevent the birth of few, if any, superior children, while it will prevent the birth of many children who would certainly be inferior.

9. Among the married sterilized males, there is no apparent relationship between economic status and size of family.

10. The occupational rating assigned to the individuals in this study is found to be independent of their age.

11. There are no unexpected differences in the economic status of the males, as classified by psychoses.

12. Two-thirds of the women sterilized are listed as homemakers.

## EDITORIAL

## SOCIAL HYGIENE AS A HEALTH FACTOR

Is a health association, supported by community contributions, wholly fulfilling its obligations unless it gives due attention and devotes a fair share of its budget to social hygiene activities? Logic answers "No" and it is most interesting and encouraging to note the constantly increasing number of health organizations that are echoing this answer and acting on it. The latest addition to the list, which includes such outstanding examples as Cleveland, Kansas City, Cincinnati, San Francisco, and many other cities, large and small, is New York City.

In the past much has been accomplished in this metropolis through the pioneer efforts of the American Social Hygiene Association which has contributed liberally in personnel and other resources. For several years, however, it has seemed that a transfer of the whole New York City social hygiene program to local agencies would make for clarity and efficiency. The national association will continue to coöperate just as it does with other affiliated state and local societies.

Within the past three months, after serious and careful consideration and study, the New York Tuberculosis and Health Association submitted two specific questions to the Health Division of the Welfare Council of New York City:

1. Is the present social hygiene program in New York City adequate or do we need a more comprehensive and aggressive campaign?
2. Is the New York Tuberculosis and Health Association the logical organization to undertake such work in this city?

With these questions was submitted an analysis of the present situation and a proposed program of fact-finding, educational, promotive, coöperative, and coördinating activities designed to meet it.

Concerning the existing situation, the proposal submitted to the Health Division said:

Venereal disease as a public health problem in New York City is profoundly important. It deserves an aggressive, strategic, continuous attack from many angles. The recent Health Inventory of the Welfare Council has revealed that it is an impossibility to determine from existing data such fundamental information as the prevalence of these diseases, the amount of treatment given, or the effectiveness of the medical services.

There is at present no local social hygiene association in New York City, either in name or in fact. There are a number of agencies, including our own, that are carrying out a number of small projects, all of them more or less unrelated to one another.

In view of the fact that the New York Tuberculosis and Health Association has broadened its interests to include a general health program, and has already assumed responsibility for the promotion of heart disease work, clinic service, and health services among organized groups, it would seem to be altogether appropriate for the Association to undertake the promotion of an aggressive, comprehensive Social Hygiene program.

The Association has indeed been urged by the Commissioner of Health, by the Charity Organization Society, which is maintaining a Venereal Disease Committee, and by Dr. William F. Snow, of the American Social Hygiene Association, to organize a Social Hygiene Section within our Association.

Following its endorsement by the members of the Health Division Council, the social hygiene program was approved by the Board of Directors of the New York Tuberculosis and Health Association. The committee and staff necessary to carry it out are now being organized.

Commenting editorially on this promising development, the Bulletin of the Welfare Council (Dec. 1927) says:

More significance than appears on the surface is attached to the announcement, in another column of this bulletin, that the New York Tuberculosis and Health Association is organizing a social hygiene program. Though headquarters for the national campaign against venereal disease, New York City has long felt the inadequacy of local

efforts in this field. It is gratifying to learn, therefore, that a social hygiene program is being developed by an organization whose enterprise, aggressiveness, and resourcefulness have been demonstrated in other fields of public health. But even more important is the fact that before undertaking this new activity the organization submitted its program and the reasons for it to the representatives of practically all the other health agencies of the city for criticism and judgment.

Of course, this is not the first time that one health organization has consulted others before engaging in new work; such informal consultation has been more or less common. But it is the first time since the organization of the Welfare Council that one of its divisions, namely, the Health Division, including most of the health agencies of the city, has been asked to pass judgment on the need for new work and on the appropriateness of a particular organization doing this work.

The precedent thus set is directly in line with the recommendation made by Dr. Louis I. Harris, Health Commissioner, at the last annual meeting of the Welfare Council, that the agencies in the various sections of the Council be used as clearing houses on new projects in the health and welfare fields. In the various sections and divisions of the Welfare Council, individuals and organizations contemplating new activities have the machinery for testing their plans and ideas, quickly, formally, and on the basis of the knowledge and experience of others in the same general field of work. The general use of this machinery will speed the day when New York City will have real community planning in health and welfare work.

Health is an inclusive word and the day has happily passed when any agency, either official or voluntary, using it as a descriptive appellation can overlook or neglect the vast possibilities for public health betterment inherent in a well-based social hygiene program.

It is greatly to the credit of our far-seeing and efficient health organizations that they are showing so understanding an appreciation of this fact and are making this appreciation evident by practical application.

## SOCIAL HYGIENE BULLETIN

*Continuing the SOCIAL HYGIENE BULLETIN which was published  
as a separate monthly periodical from 1914 to  
December, 1922, Volume I-IX*

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**Social Hygiene in Cincinnati.**—Beginning January 1st, the Cincinnati Social Hygiene Society will be directed by Dr. Carl F. Wilzbach, who succeeds Mr. Edgar F. Van Buskirk as executive secretary. Mr. Van Buskirk has resigned to become head of the science department of Stephens College, Columbia, Missouri.

Dr. Wilzbach's experience has equipped him in various ways for social hygiene work and health education; his interest is long-standing. In the venereal disease clinic at the Health Center he served as medical assistant to the clinician. For eleven years he was physical director of the combined Young Men's Christian Associations of Cincinnati; for four years he has been executive secretary to the Central Branch.

Under the guidance of Dr. William S. Keller, president of the Society, and Mr. Van Buskirk, for seven years its executive secretary, the Cincinnati Society has been a leader in establishing social hygiene education as an organized part of public school curricula. The following account of this phase of the Society's work was part of an address given by Dr. Keller in Cincinnati on October 20, 1927, before the special session on venereal disease control of the Fifty-sixth Annual Meeting of the American Public Health Association:

"Most of the attention of the Social Hygiene Society has been devoted to the educational program, especially in supplementing as far as is possible the work of such institutions and agencies as have an acceptable program in training children and adolescents. The outstanding local institution of this kind has been our splendid public school system with its excellent grade schools, high schools, and university. For many years there has been a course in sex education

offered under the auspices of the College of Education of the local university.

"The course usually consists of fifteen lectures of one hour and a half each. Most of the students taking the work have been mature persons—parents, teachers, social workers, ministers, and nurses. In addition, from time to time two other courses have been given, very splendidly, by our Executive Secretary, one in 'Mental Hygiene and Sex Education,' the other in 'Community Aspects of Social Hygiene.'

"In all about 250 students have enrolled in these courses. Lectures have also been given to classes in the Colleges of Liberal Arts, Education, and Medicine. In the upper grades of many of the schools, and to some extent in high schools, our lecturers have met classroom groups of boys and girls, segregated according to sex.

"The talks given have been based upon and illustrated by certain carefully selected placards taken from the United States Public Health Service sets, those for boys entitled 'Keeping Fit' and for girls 'Youth and Life.'

"This work began in six schools and within four years included more than thirty schools. Several thousand boys and girls have received this instruction. It should be stated at this point that the subjects of venereal disease and prostitution are entirely omitted in these talks, even with the children of the upper grades. Positive rather than negative instruction is given.

"Upon request, short courses have been arranged for the Federation of Mothers' Clubs, Y.W.C.A. groups, two women's civic organizations, and groups of nurses. One or more lectures each have been given to over fifty local Mothers' Clubs, several groups of Boy and Girl Scouts and their leaders, church organizations, Fathers' and Sons' meetings, Mothers' and Daughters' meetings, factory workers, luncheon clubs, civic societies of both men and women, social workers, and the general public.

"We have been asked, 'To what extent has this educational work been of lasting value?' With reference to the university, for instance, we have found that the social hygiene courses offered there have helped to stimulate more attention to social hygiene in other university courses in which the subject has a natural place. At the present time our Executive Secretary is making a survey of accomplishments in our grade schools and high schools. Startling and gratifying facts are being revealed.

"Teachers, parents, and social workers have affirmed that as a result of taking social hygiene courses they have been able to render more effective service to the young people with whom they come in contact. In one of our largest high schools, a woman physician employed by the society has introduced social hygiene material into a health course which is required of all freshman girls. This course has been given for four consecutive years and has been splendidly received and appraised by students, principal, and faculty.

"We have felt that we have a moral obligation to assist smaller communities as well as larger cities in the state. With this in mind we have worked in conjunction with the United States Public Health Service, the American Social Hygiene Association, and our State Departments of Health and Education to furnish assistance to the best of our ability. The Executive Secretary has also prepared for our State Parent-Teachers' Association a leaflet treating of sex education in the home, entitled, 'Parents, Are You Prepared?' "

In the same address Dr. Keller spoke with warm appreciation of Mr. Van Buskirk's part in this and all the other accomplishments of the Society:

"I wish to pay a tribute to Mr. E. F. Van Buskirk, the Executive Secretary of our Society for seven years. Had it not been for Mr. Van Buskirk's fine moral qualities, his keen appreciation and research in the vast unexplored field of sex and character education, his great tact and unflinching tenacity of purpose, we could not have achieved our present program."

**Convention of National Council of Women.**—The Fourteenth Convention of the National Council of Women was held in New York December 5th to 10th. Thirty-two of the thirty-four member-societies were represented. Delegates and alternates numbered 117; in addition there were many visitors who attended every session of the Convention except those for delegates only, and others who came for special sessions of the Convention in which they were most interested. Attendance at banquet and luncheons varied from seventy to two hundred and forty-three.

On Wednesday afternoon, December 7th, the Committee on Equal Moral Standards presented a program to the Convention. Dr. Katharine Bement Davis presided and made the opening address. The following women as chairmen of similar standing committees for their organizations, made reports:



Mrs. Ann Webster—National League of Women Voters.

Miss Margaret Flenniken—National Board, Young Women's Christian Associations.

Miss Grace S. Lowndes—National Association of Colored Women.

Dr. Valeria H. Parker—National Woman's Christian Temperance Union and General Federation of Women's Clubs.

On Thursday, December 8th, the Luncheon of the Committee on Equal Moral Standards was held at the Town Hall Club with an attendance of seventy people. Dr. Davis presided and Miss Grace Abbott was a guest of honor. The speaker for the event was Mr. Bascom Johnson, reporting on the Body of Experts appointed by the League of Nations to study international traffic in women and children.

Following the report of the Chairman of the Committee on Equal Moral Standards, Dr. Katharine Bement Davis, the Convention voted to organize a committee of at least one thousand women in various parts of the country—members of constituent organizations of the Council—who should be informed concerning the social program and should have made available to them the social hygiene publications of member organizations of the Council as well as publications of the American Social Hygiene Association which is coöperating with the Committee on Equal Moral Standards.

**Minimum Standards for Venereal Disease Treatment.**—The National Committee on Prisons and Prison Labor has among its sub-committees a Committee on the Care and Training of Delinquent Women and Girls. The investigations of this committee led to the realization that while venereal diseases were prevalent in correctional institutions for women and girls, methods of treatment were widely unlike in thoroughness and often wholly inadequate. As a result, a conference was held at the New York State Reformatory for Women in October, 1924, to consider the development of standards for treatment. Preliminary studies were decided upon, made, and reported, and in May, 1925, a standing committee of physicians was appointed to work out detailed recommendations for minimum standards; the committee was later asked to enlarge the scope of its work to include institutions for men and boys.

"Minimum Standards for the Prevention and Treatment of Venereal Diseases in Correctional Institutions," a pamphlet issued by the National Committee on Prisons and Prison Labor, 4 West 57th

Street, New York City, is the report of this standing medical committee. It is signed by the three members, Emily Dunning Barringer, M.D., Walter M. Brunet, M.D., and Louis I. Chargin, M.D.

The introduction gives a clear, brief account of each of the two most important venereal diseases, syphilis and gonorrhea—its history, characteristics, and seriousness, and the degree of hopefulness attained by modern scientific treatment. Then follow in concise outline the recommendations on the minimum standard for a venereal pavilion; methods of examination and laboratory equipment; and plans for treatment of gonorrhea in the female and in the male, outlined separately, for the treatment of syphilis, and for chaneroid and infections other than gonorrhea and syphilis.

The committee invites inquiries as to special problems, and promises revisions from time to time to keep the recommendations up to date.

**Study of Juvenile Delinquency.**—"There is a growing appreciation of the fact that crime has its beginning in the delinquencies of children and that we are paying too much for the care and punishment of the criminals and too little for the prevention of crime," says Grace Abbott, Chief of the Children's Bureau of the United States Department of Labor. Miss Abbott's annual report, recently made public, urges the creation of a division of the bureau devoted entirely to delinquency and its prevention. It is her belief that careful study is the foundation upon which a program of prevention must be built.

During the year the plan for uniform reporting of juvenile court statistics of delinquency and neglect, initiated by the Children's Bureau, was put into effect. Already, Miss Abbott points out, about 80 courts in 20 states have promised coöperation and have been supplied with statistical cards. The number of cases dealt with by the coöperating courts varies from less than 50 a year to several thousands. Among the large cities coöperating in the plan are New York, Philadelphia, Buffalo, Detroit, Cincinnati, Minneapolis, St. Paul, Los Angeles, San Francisco, Pittsburgh, and Washington.

At present such work as is done in the field of juvenile delinquency is handled by the social service division of the bureau and must compete with requests for studies of mothers' pensions, orphanages, child-placing agencies, and other problems connected with dependency and neglect. To meet the demands for study and consultation with reference to delinquency, the bureau's resources would have to be

increased. The creation of a division devoted entirely to this field would require an annual appropriation of approximately \$50,000.

"It is to be hoped," Miss Abbott says, "that the creation of this division, which is so clearly in the interest of national economy, will be found possible."

**Josephine Butler Centenary Celebration.**—In April and May of 1928 celebrations in memory of the accomplishments of Josephine Butler will be held not only in England and the English colonies but on the Continent and in America. The Association for Moral and Social Hygiene, the descendant of the two societies founded in England by Josephine Butler, is making arrangements for the widespread celebration, with these objects:

- (1) To give thanks for the life and work of Mrs. Butler.

- (2) To commemorate the first organized challenge to the double standard of morals as embodied in the various systems of State Regulation of Prostitution in force in her lifetime in this country, and on the Continent.

- (3) To rejoice in the wonderful results which have followed that challenge, and to make known the principles on which the challenge was made.

**Milwaukee Plans for Promoting Social Hygiene Education.**—On recommendation of Health Commissioner J. P. Koehler, the Estimates Board of Milwaukee has provided money for adding to the staff of the Health Department a health instructor, most of whose time will be given to social hygiene activities. The *Milwaukee Journal* quotes Dr. Koehler as saying that this is being done as an experiment for six months, after which the appointment may become permanent.

**An Indian View of Child Marriage in India.**—In a recent issue, the *Woman's Leader* quotes from a comment made by Sir Atul Chatterjee, the High Commissioner of India, on Katherine Mayo's much discussed "Mother India." "'There are,' he said, 'a certain number of social customs of which we are thoroughly ashamed—child marriage, the seclusion of women, restrictions on the re-marriage of widows, and polygamy.'" But, the paragraph continues, he called attention to "certain hopeful signs. Polygamy was dying out, and in his own wide family circle he could not count one case. With regard to child marriage too, things had improved. One heard of girls being married

at an early age, but often a considerable time elapsed before they and their husbands lived together, and though there were cases of early motherhood, the custom did not apply to the whole of India. The custom of early marriage was, he explained, bound up with the caste system, which was itself tending to disappear under modern conditions of mobility. He owned that a certain amount of legislation was necessary to remedy these evils, but suggested that it would be difficult for an external government to interfere with social customs having their roots in religion. It must be done by the people themselves, and it was clear that the people were willing to pass progressive legislation. The best thing that the well-wishers of India could do was, in his opinion, not to press for certain reforms, but to provide for the education of the Indian people."

**Policewomen's Share in Crime Reduction.**—While the national conference on crime reduction was in session in Washington early in November, nearly a hundred sponsors and friends of the International Association of Policewomen attended a luncheon given by Mrs. Robert Lansing at the New Willard Hotel. Mrs. Lansing presided at the luncheon and introduced a score or more of speakers who pointed out the value to the community of the work being done by policewomen.

Mrs. Haley Fiske, national chairman of Sponsors and Advisors of the International Association of Policewomen and one of the directors of the New York State Reformatory for Women, after greeting the delegates present pointed to the need of policewomen at motion picture houses and cabarets where young girls often are picked up by strangers.

Dr. Katharine Bement Davis, executive secretary of the Bureau of Social Hygiene and a director of the International Policewomen's Association, stressed the importance of policewomen in crime prevention and showed that they enjoyed a certain advantage over other welfare agencies in that their badge of authority gave them the right to interfere when necessary.

Mr. Joab H. Banton, district attorney of New York, paid a tribute to policewomen for their share in detecting quack practitioners, saying that they often succeeded signally where men on the force had failed.

Mrs. Jessie Hodder, superintendent of the Massachusetts Reformatory for Women, showed the need in the community of a social agency

like the women police to detect delinquency in the earlier stages and so perhaps forestall institutional commitment.

Mr. James H. Hepbrun, director of the Baltimore Criminal Justice Commission, praised the work being done by policewomen's bureaus and emphasized their importance in the prevention of crime.

Others who spoke of the value of the work done by policewomen included: Miss Helen D. Pigeon, executive secretary of the International Policewomen's Association; Sergeant Rhoda Milliken of the Washington Policewomen's Bureau; Dr. Mary Harris, superintendent of the New Federal Industrial Institution for Women at Alderson, West Virginia; Dr. Ellen C. Potter, Department of Public Welfare, New Jersey; Miss Julia Jaffray, assistant secretary of the American Prison Association; Dr. Raymond Moley, professor of criminology at Columbia University.

**Sex Education in Virginia.**—The State Chairman of Social Hygiene of the Virginia Congress of Parents and Teachers has sent a letter to all Parent-Teacher Associations in Virginia announcing that Mrs. Fereba B. Croxton, Director of Education of the Bureau of Social Hygiene of the Virginia State Board of Health, may be secured for a series of five lectures on sex education, at no cost to the Association. The letter advises its recipients to write immediately if they wish to hear Mrs. Croxton as she has many calls.

Mrs. Croxton reports five series of lectures given during November, in addition to twenty-four single lectures six of which were before sectional meetings of the State Teachers' Conference.

**Health News Service.**—The Canadian Social Hygiene Council is forwarding a Health News Service regularly to over 900 papers. This service is supplied in both French and English. Copies may be obtained from the Canadian Social Hygiene Council, 40 Elm Street, Toronto.

**Re-establishment of Delinquent Girls.**—Outstanding events at the New York State Reformatory for Women, Bedford Hills, New York, according to its annual report for the year ending June 30, 1926, include the establishment of two new industries, candy-making and garment-making. The garment-making is on a factory basis. The product above the institution's own needs is being sold at Bellevue and other hospitals. Workers there trained have found positions in

factories outside as soon as they are paroled. One was advanced twice in one month, the second time to a position paying \$38 a week. Especially significant is the fact that this girl had been most unstable and unmanageable in the institution until the garment industry, offering work she liked to do, gave her the chance she evidently needed for social adjustment.

Candy-making is newer, but already shows a profit. Every girl working in the factory must have the doctor's certificate of freedom from any venereal disease. These workers too find ready employment outside when paroled. One persuaded her father, who had a candy store but bought all his candy, to put in machinery and let her make it.

A five-year follow-up record of girls paroled shows 73 per cent who make good.

**Race Betterment Conference.**—The Third Race Betterment Conference will be held at Battle Creek, Michigan, January 2 to 6, 1928.

What the world knows is always ahead of what the world uses. The purpose of this series of conferences is to assemble the facts of race degeneracy and also of recent scientific progress dealing with the prolongation of human life, and to introduce the work of scientists not only to laymen but to medical and educational men with whom the layman comes into contact in everyday living. Subjects presented will be in the fields of biology, sociology, physiology, bacteriology, chemistry; they will include among others vital statistics and their interpretation, eugenics, public hygiene, personal hygiene and physical education, nutrition, child care and health of women, degenerative diseases, medical education, and public methods of disseminating knowledge.

Nationally known names make up the list of speakers. A few among them are Dr. C. C. Little, President of the University of Michigan, acting as President of the Conference; Dr. C. B. Davenport, Director of the Eugenics Record Office of the Carnegie Institute of Washington; Dr. Aldred Scott Warthin, Director of the Pathological Laboratory of the University of Michigan; Dr. Glenn Frank, President of the University of Wisconsin; Dr. Alexis Carrell, of the Rockefeller Institute for Medical Research; Hon. J. J. Davis, Secretary of Labor at Washington; Irving Fisher, Professor of Political Economy at Yale University; Dr. Arthur I. Kendall, Dean of Biology at the Northwestern University Medical School; Dr. E. V. McCollum, of the

School of Hygiene and Public Health of Johns Hopkins University; Dr. Frederick L. Hoffman, Consulting Statistician for the Prudential Insurance Company of America; Dr. Oscar Dowling, Secretary of the Louisiana Health Board; Dr. A. T. McCormack, Secretary of the State Board of Health of Kentucky; Mr. John A. Kingsbury, Secretary of the Milbank Memorial Fund; Dr. Haven Emerson, Professor of Public Health Administration and Director of the De Lamar Institute of Public Health at Columbia University; Major-General M. W. Ireland, Surgeon-General of the United States Army; Fielding H. Yost and A. A. Stagg, two famous coaches; Grace Abbott, Chief of the Children's Bureau of the United States Department of Labor; Dr. George U. Papanicolaou of the Cornell University Medical School; Dr. Maud Slye of the University of Chicago; Dr. Franklin H. Martin, Director General of the American College of Surgeons and Director of the Gorgas Memorial Institute; Dr. Vernon Kellogg, Permanent Secretary and Chairman of Educational Relations of the National Research Council; Dr. W. A. Evans, Professor of Hygiene at Northwestern University and Editor of the "How to Keep Well" Department of the *Chicago Tribune*; Dr. Harvey W. Wiley, nationally known for his service in the elimination of the patent medicine traffic, and Carl E. Milliken, Secretary of the Motion Picture Producers and Distributors of America.

**Japan's Trend Toward Abolition.**—Under the title "The Battle for Purity in Japan" the September *Missionary Review of the World* publishes a backward look into the distant sources of prostitution in Japan and a hopeful forward look toward the abolition of licensed quarters. The article is by Rev. E. C. Hennigar, Missionary of the United Church of Japan, whose home is in Matsumoto, Japan. "The brothel-keepers themselves," said Mr. Hennigar, "are admitting that it is only a matter of time when their business will be abolished." Seventeen prefectures have promulgated ordinances putting hitherto unheard-of restrictions on the keepers of licensed houses. In four prefectures campaigns have been put on and petitions bearing several thousand names—in one prefecture 22,133—have been presented to the Governors. This is the work of the Japanese themselves; missionaries originated the movement in three of the four prefectures, "but Japanese have done all the public work." The effect of public opinion both within and without Japan is shown in the fact that Japanese prostitutes are being ordered home from the mainland of Asia, until

it is said that there is now not one to be found either in the Province of Siberia or in the port of Singapore.

**New Jersey's Child-Welfare Program.**—That New Jersey, a pioneer in the care it has planned for its children and in the administrative organization for carrying out this plan, could further increase the efficacy of its child-welfare program by adopting a form of county organization which would supply a basis for coöperation between the state and local communities, similar to that being worked out in Minnesota, North Carolina, and Pennsylvania, is the suggestion contained in a report just published by the Children's Bureau of the United States Department of Labor. This bulletin, which deals chiefly with local provision for dependent and delinquent children, in relation to the state's program, is the fourth of a series setting forth the results of a study undertaken by the Social Service Division of the Bureau at the request of the New Jersey State Board of Control. The study covered four representative counties—Essex, Mercer, Monmouth, and Burlington.

**Commonwealth Fund, Division of Publications.**—The Commonwealth Fund announces the establishment on December 1, 1927, of a Division of Publications which will issue reports and studies dealing with the various activities of the Fund. As part of its work the new Division will continue the series of publications relative to the Fund's program in the field of mental hygiene and child guidance which was begun by the Joint Committee on Methods of Preventing Delinquency. This committee, created for the demonstration period of the program above mentioned, has now been discontinued and its staff has become the staff of the new Division. The offices of the Division are at 578 Madison Avenue, New York City.

**Drug Store to Distribute Health Literature.**—A recent issue of *Health News* reports with gratification a request from a druggist for circulars or pamphlets which he can distribute when people want information about the communicable diseases or other subjects covered by the literature issued by the New York State Department of Health.

**Resolutions of the International Congress.**—The Seventh International Congress for the Suppression of Traffic in Women and Children,



held in London from June 28 to July 1, 1927, passed resolutions concerning the definition of the "Traffic"; the age limit; supervision of employment agencies, of contracts entered into by young persons, and of conditions under which persons under 18 are allowed to go abroad with contracts of employment; obscene publications; licensed houses and the registration of prostitutes; and child adoption. On the subject of sex education, the following resolution was adopted:

"The Seventh International Congress for the Suppression of the Traffic in Women and Children desires to place on record its conviction of the need for a more enlightened opinion among parents and teachers concerning the training of the youth of both sexes, in biological education and citizenship.

"It recommends its members to urge upon the education authorities, parents' associations, and youth organizations of their own countries, the necessity of taking steps to create in the mind of the child that sense of individual moral and social responsibility which alone can put an end to the Traffic in Women and Children."

A seventeen-page resume of the proceedings, written by Dame Katharine Furse, D.B.E., appears in the September issue of *Health and Empire*, the quarterly journal of the British Social Hygiene Council.

**Education by Wireless and Cinema.**—In an article on "France's Effort Against Venereal Disease" in the September *Health and Empire*, M. le Dr. Cavaillon says that fifteen lectures on syphilis were given on the wireless during the year 1926 and notices devoted to syphilis were included in the topical events films shown in 600 motion picture houses.

**Industries for Correctional Institutions for Women.**—Under this title the Committee on the Care and Training of Delinquent Women and Girls of the National Committee on Prisons and Prison Labor publishes the report of the survey which it has recently concluded. The Committee stresses the point that if girls and women who have been in a correctional institution are to be successfully readjusted to the world, they must be equipped with some skill which the world will find useful, and that they will need to be trained not merely to do something as well as other people, but to do it enough better to overcome the handicap which they will inevitably be under "by the fact of their sentence, a fear that haunts ex-prisoners however they cloak

it in bravado." On this basis the Committee analyzes various occupations—Power Sewing, Laundering, Farming, Upholstery and Home Furnishing among them. The analysis of Household Care and Management lists among "Essential Requirements" doing simple repair and mechanical work, opening drain with plunger, stopping rattling of windows, tightening knob on bureau drawer, putting in a fuse, reading a meter, and the like. "Paying a wage, even though the mere pittance of five cents a day," and "permitting low singing on the part of the workers," are recommended as incentives in all training, and it is pointed out that equipment must be up to date so that the inmates are trained on the same type of machines as they will be called upon to use on release.

The report expresses appreciation to the Bureau of Social Hygiene for the grant which made the survey possible.

**Legal Age of Marriage Raised in India.**—In a period of three weeks, according to the *Indian News Service*, three more states of India have promulgated laws raising the age of legal marriage to 12 and of real marriage to 14 or 16. In Kota the age at which boys may marry has been raised to 16, that of girls being 12, while girls under 18 may not marry men over 35, nor girls under 20 men over 45. Arrangements have been made for prosecution to follow such marriages even though they have been performed outside the state. The Children's Bureau sends out this item among its weekly notes on child welfare topics. *Indian News Service* is the authority.

**Katharine Bement Davis retires.**—After seventeen years' service as a member of the Board of Directors of the Bureau of Social Hygiene and ten years as its General Secretary, Dr. Katharine Bement Davis has resigned, her resignation taking effect on January 1, 1928. Mr. Lawrence B. Dunham will become Director of the Bureau.

The Bureau of Social Hygiene was incorporated in 1911 as an outcome of the work of the special Grand Jury which investigated the white slave traffic in New York City during the first half of 1910. In the preface to the first of the Bureau's now long series of publications, Mr. John D. Rockefeller, Jr., its Chairman, stated the purpose of its organization:

The conviction grew that in order to make a real and lasting improvement in conditions, a permanent organization should be

created, the existence of which would not be dependent upon a temporary wave of reform nor upon the life of any man or group of men, but which would go on, generation after generation, continuously making warfare against the forces of evil. It also appeared that a private organization would have, among other advantages, a certain freedom from publicity and from political bias, which a publicly appointed commission could not easily avoid.

Therefore, as the initial step, the Bureau of Social Hygiene was formed in the winter of 1911.

Dr. Davis was one of the original incorporators and down to the present has continued to be a member of the Board of Directors, the only woman on the Board. Her resignation is from the Board as well as from the secretaryship.

The first studies carried on by the Bureau of Social Hygiene seventeen years ago resulted in the publication of "Commercialized Prostitution in New York City," by George J. Kneeland, the book for which Mr. Rockefeller wrote the preface quoted above. A supplementary chapter on "A Study of Prostitutes at Bedford" was written by Dr. Davis, then Superintendent of the New York State Reformatory for Women at Bedford Hills. This was followed by Dr. Abraham Flexner's study of prostitution in Europe; his book was published in 1914. A revision of "Prostitution in Europe" is now under consideration by the Bureau. No later publication has supplanted this book in the authoritative place it took at once in the literature of the subject, and it seems to some of the Board of Directors that, holding such a place, it should now in fairness be revised to recognize changes which have been accomplished in the years since the study was made.

Studies of police systems in Europe and the United States followed logically. Conditions regarding prostitution depend so much on the way laws are enforced that the Bureau recognized this as the next work to be undertaken.

Then individual delinquents became the subject of research, particularly women prostitutes. Land was bought and a building erected adjoining the state reformatory at Bedford Hills, and in this hospital and laboratory the Bureau carried on for six years a study subsidized by Mr. Rockefeller in the hope that the state would ultimately take it over as a logical part of the work of the state reformatory. The building and the property were finally purchased by the state, but

the study for which they were intended was not assumed. The results of the six years, however, were given out by the Bureau in several publications, chief among which were two books, "A Study of Women Delinquents in New York State," and "An Experimental Study of Psychopathic Delinquent Women." The preface for the first and an introduction to the second were written by Dr. Davis.

The Bureau turned next to studies undertaken with a broader definition of its field—research into various conditions affecting prostitution. One was a study of housing conditions of employed women; another, of women police. Among the fruits of these researches were two books written in coöperation with the American Social Hygiene Association, "Specialized Courts Dealing with Sex Delinquency," by George E. Worthington and Ruth Topping, and "Women Police," by Chloe Owings.

Realizing the importance of the right use of sex, the Bureau next subsidized a committee of the National Research Council to carry on a special research on sex problems. The Bureau has devoted from sixty to seventy thousand dollars a year to the work of this committee, which has now been in progress for six years. Dr. Davis will continue her membership in the Committee on Sex Problems, as well as her duties as Chairman of the Committee on Drug Addictions, by which still another special research is being carried on directly under the Bureau and with its financial aid. Some of the studies made by the Committee on Drug Addictions have been published; others are to follow.

In addition to these subsidiary committees, the Bureau has subsidized special pieces of work done by outside organizations, as for instance the investigations recently completed by the Body of Experts of the League of Nations Committee on the Traffic in Women and Children, made possible by a fund of \$75,000 contributed by the Bureau of Social Hygiene.

The study of the sex life of normal women, some parts of which have been published in the JOURNAL OF SOCIAL HYGIENE,\* Dr. Davis speaks of as her "personal knitting." It was begun because of the realization that almost all previous research had been upon the lives of abnormal women. This study Dr. Davis will continue.

The new Director of the Bureau of Social Hygiene, Mr. Lawrence

\* See JOURNAL OF SOCIAL HYGIENE, 8:173-183, April, 1922; 9:1-26, January, 1923; 9:129-46, March, 1923.

B. Dunham, was a deputy police commissioner under Arthur Woods, and on several occasions has represented Mr. Woods in Geneva on the Advisory Committee on Opium which is interested in the international aspects of drug traffic. He has been for two years on the staff of the Laura Spelman Rockefeller Foundation. The office of the Bureau will be at 61 Broadway, New York City.

The Committee on Drug Addictions and the Committee for Research on Sex Problems will continue their work at the present location, 370 Seventh Avenue, New York City; and there Dr. Davis will keep her offices for the present, continue her "personal knitting," and write the book which will complete her long study on the sex life of normal women.

**Federal Council Announces Social Hygiene Program.**—A new project undertaken by the Federal Council of the Churches through its Commission on Christian Education was announced on December 30th. It is to assist parents to meet the problems of children and youth arising out of sex relationships.

The project, in which the American Social Hygiene Association is coöperating, involves the working out of materials and methods of sex education appropriate for all ages for use in the teaching program of the churches.

As a result of conferences in a number of cities on the subject of the church and social hygiene it is hoped that a large number of parents' study classes may be formed, using as a basis for study the new textbook "Parenthood and the Character Training of Children" written by Dr. Thomas W. Galloway under the joint auspices of the Federal Council and the Social Hygiene Association. Dr. Galloway is associate director of the Association's Division of Educational Measures.

The conferences are being addressed by Valeria H. Parker, M.D., of the Association. Such meetings have already been held in St. Louis, Chicago, Cleveland, Philadelphia, Rochester, Brooklyn, and New York, and are planned for Boston, Buffalo, Detroit, Milwaukee, Minneapolis, and other cities.

Explaining the need of this emphasis in the churches' program of education, Dr. Benjamin S. Winchester, secretary of the Federal Council's Commission, said:

"It is a surprising fact that the members of our churches, the very people who are most concerned with the preservation of the home

and the bulding up of wholesome relations between the sexes, should have been so hesitant in adopting constructive programs of sex-education. Such programs are indispensable to the development of lofty ideals in youth and their intelligent understanding of some of their most pressing problems. While the Church delays, sensational newspapers and motion pictures, and unsupervised relationships on playground and the street, are all the time making boys and girls acquainted with the abnormalities and perversions of sex. How are they to receive right information and be trained in wholesome attitudes if the Church does not help the parents wisely to fulfil their responsibility?"

**Venereal Disease Problems in the Navy.**—A digest of the views of medical officers regarding venereal disease problems as recorded in various annual sanitary reports for 1926 was published in the *United States Naval Bulletin* for July, 1926. The following excerpts are from the introductory statement:

"Venereal diseases were mentioned in nearly all of the 1926 sanitary reports, and problems encountered in carrying out prescribed methods of control were discussed briefly or at length by all but a few medical officers.

"The venereal diseases continue to impose a heavy burden of work on the medical department of the Navy. The problem of prevention is complex. It is complicated by the necessities arising from essential activities of the Navy which require that its personnel be sent into many places where exposure to infection is avoided only in so far as individuals can be relied upon to avoid sexual intercourse when opportunity offers, as it frequently does, with inducements strong enough to upset any pre-resolved caution in the cases of many of the men at least. After exposure, chemical prophylaxis lessens the risk of infection somewhat; greatly, broad experience seems to indicate, if an approved method of disinfection is applied promptly and carefully, but it is far from being a simple matter to induce men to avail themselves of prophylactic treatment early enough.

"Difficulties also arise to interfere with the effective application of other preventive measures. While it is not difficult to state certain general principles which, if adhered to, might be expected greatly to lessen the incidence of venereal disease in the Navy, it is often difficult under the varying circumstances and hazards encountered by naval

organizations to make effective certain preventive measures which intrinsically are of unquestioned value.

“In the service at large it has too generally been overlooked in practice that the venereal diseases are the unpleasant and dangerous results of social instincts and social activities over which the medical officer has little control or no control whatever unless perchance his knowledge of a given situation leads to ideas which are accepted and put into effect by the commanding officer. Very often, of course, the latter also is not in a position to influence the behavior of the men very much. Venereal disease hazards are inextricably entangled with the highly desirable as well as undesirable opportunities for social diversion and much needed recreation.

“In civil life it has not been possible to place responsibility to an appreciable degree upon practitioners of medicine for preventing exposure to venereal disease. Instead we find that the responsibility falls chiefly on the police department and the courts, and to a limited extent upon the health department. Of course, the clergy are expected to concern themselves with training in ethics and with the activities of social hygiene organizations which are endeavoring, among other things, to educate the public regarding the venereal diseases and social conditions that cause them to spread. Physicians are naturally expected to participate in view of their special knowledge of the diseases as well as of human nature. The medical officer of the Navy is of course a health officer as well as a physician, but the direct authority delegated to him is even more limited than that under which the civilian health officer usually acts.

“Before quoting from reports it should be said that, in general, medical officers of organizations which had high venereal disease rates, or higher rates than during the previous year, discussed conditions more in detail than those whose organizations had low or decreased admission rates. It is perhaps natural that this should be so. The venereal diseases are not the only ones with which the health officer's interest is proportional to the amount of damage being experienced. It may also be remarked that the greatest rate of progress in the direction of prevention and control is often made when the incidence of a disease is high and the high incidence is recognized. Certain diseases, of course, may be very prevalent in a community and because of incomplete reporting there is little apprehension and little or no preventive action.

"It is interesting to learn from medical officers what they think the reasons were for great incidence of venereal disease under different conditions and in different cities, but even more valuable information relating to prevention and control and the efficacy of such measures as have been tried might be forthcoming if medical officers of organizations experiencing low admission rates would present in their reports the reasons among those included in the above summary that are believed by them to have prevented high rates. In former years it was not uncommon to find a medical officer stating that incomplete reporting was the explanation for low admission rates while his predecessor was attached to the organization. This appears not to have happened in 1926, and it may be that reporting is now generally more complete than in previous years. It must be understood by nearly all concerned that the discovery and recording of all cases is quite essential to proper treatment and successful management of the venereal disease problem in its broader aspects. It is of course well understood that an increase, often a great increase, in the admission rate frequently attends increased efforts to put into effect all those measures which should be applied—educational, improved clinical practice, better supervision over prophylactic treatment, and the various and sundry methods for inducing infected men to apply for treatment."

### ASSOCIATION NOTES

Interest in the approaching Annual Meeting of the American Social Hygiene Association to be held in New York on January 20th and 21st is shown by the large number of interested workers who have already indicated their intention of coming from other cities and states.

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That the meeting should bring together members whose fields of work and interest are widely scattered geographically is one of the most important elements in making the Annual Meeting achieve the kind of success it should have. That part of the Association that keeps its desk at 370 Seventh Avenue, New York, is always trying to think out and find out how it can be most useful to the other parts of the Association in all the rest of the world. The Annual Meeting is the great annual opportunity for determining next year's major emphases in the illumination of many various experiences and needs.

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The principal speakers at the meeting on January 21st are to be



Dr. Norman F. Coleman, President of Reed College, Oregon, and Professor Joseph E. Raycroft, of Princeton University.

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An outstanding event as we go to press in late December is the return of Dr. Snow and Mr. Johnson from Geneva, where they have been attending a meeting of the Body of Experts for consideration of Part Two of the Report on the Traffic in Women and Children. Though battle has raged about Part Two in the press reports, particularly among some of the more sensation-loving papers, the truth, brought straight from Geneva by Dr. Snow, the Chairman, and Mr. Johnson, the Director of Investigations, is that each part of the report was given exactly the treatment requested by the Body of Experts last March. That is, Part One was published, Part Two was submitted to the governments concerned for their comment and criticism in order to be carefully revised by the Body of Experts before being made public, nothing was "suppressed," the changes asked by the governments concerned minor matters, and the report was accepted and published without any vital change.

The *Journal* hopes to publish in February an account written by Mr. Johnson.

\* \* \* \*

"Biology in the Elementary Schools and Its Contribution to Sex Education," just published by the American Social Hygiene Association, is an account of a notable piece of pioneering carried on in three Oregon communities—The Dalles, Ashland, and Newberg. In 1920 these three communities, departing from custom, introduced into their grade schools regular instruction in elementary biology. Dr. Harry Beal Torrey, then at the head of the Department of Zoölogy of the University of Oregon, and Mr. Henry M. Grant, then executive of the Oregon Social Hygiene Society, initiated the experiment and were in constant close touch with it, advising with the teachers, guiding the development of the course, and watching its effect. The teachers were competent students of science. Their entire time was given to the work—one teacher in each community. Seeing in the experiment an unusually interesting opportunity for developing a method of sex education, the American Social Hygiene Association became interested and gave financial aid.

The *Journal* for January, 1922, published an account of the first year's work, written by Mr. Grant. The pamphlet now issued is the complete story, told largely in the records made day by day as the

course grew; its significance and value are brought into strong light in introductory and summarizing sections. The author is Dr. Torrey.

The Association regards this pamphlet as one of the most important it has published, making a valuable contribution not only to sex education but to the fundamental theory of all education whose purpose is to develop in children the power to think straight and clearly on a basis of facts and to handle life with competence.

### BOOK REVIEWS

EVOLUTION OF PREVENTIVE MEDICINE. By Sir Arthur Newsholme. Baltimore, The Williams and Wilkins Company, 1927. 226 p. \$3.00.

The health worker, particularly the specialist, should strive always to relate his own absorbing task to the general public health program, which is ever growing broader. To maintain his poise he needs also to develop a sense of perspective. Newsholme's interesting account of the progress of preventive medicine supplies this third dimension admirably. His own quaint expression is, "We should all know the pit out of which we have been digged."

The story begins with a description of ancient superstitious obsessions regarding disease, moves rapidly along through the emancipation of science, lingers here and there to dwell on some significant landmark of progress, and halts suddenly at the age of Pasteur. At every stage, fear and panic activated the adoption of preventive measures. In the face of calamity the public demanded action, however flimsy and imperfect the knowledge on which the preventive measures were based might be. Consequently early progress was jerky. The conquest of leprosy, the first great feat of preventive medicine, was a conspicuous success, but the second important battle, that directed against plague, met with almost flat failure. As science was more and more released from its medieval bonds the march of progress became more steady, but it continued at a snail's pace, comparatively, until Pasteur's time.

The absolute dependence of preventive on clinical medicine is repeatedly illustrated, very clearly indeed in the chapter on disinfection, yet one is impressed also by the obvious fact that the story of health progress cannot be dissected out of the whole history of human struggle for social and economic reform. Much of our progress is attributed to the rebellion against the *laissez faire* doctrine

which prevailed during the eighteenth century, for which advance the Wesleyan movement is largely credited. Newsholme writes as an Englishman, but it is undeniable that the increasing sensitiveness of the public conscience, particularly in England, which led to a sounder social viewpoint, gradually but surely established the social claims and responsibilities of preventive medicine. The present trend of preventive medicine seems to be toward the development of the physiological side of hygiene—public health now emphasizes personal health.

What the story lacks in imaginative color is compensated by accuracy and precision. The narrative is not told as consecutively and smoothly as a lazy reader might wish, doubtless because the author has been over zealous in his desire to omit nonessentials. Or perhaps he has deliberately touched only the mountain peaks in order to force the reader to fill in the gaps.

The book is well printed, attractively bound, and illustrated with six portraits.

H. E. KLEINSCHMIDT, M.D.

DISEASES OF THE NEWBORN. By James Burnet. London and New York, Oxford University Press, 1927. 275 p. \$1.85.

“Diseases of the Newborn,” written as a textbook for students and practitioners, is the first volume of this type which has appeared from the pen of a British author. The writer is one of the prominent physicians of Scotland. There are several volumes by American authors dealing with this group of diseases, and going into greater detail than Doctor Burnet’s text.

The author of “Diseases of the Newborn” stresses the importance of prompt recognition of diseases peculiar to the newborn, in order that appropriate treatment may be instituted and child life preserved. “Save the Child” is a slogan which has been used with splendid results in public health activities devoted to the conservation and protection of child health.

Disease conditions threatening the newborn are discussed in sixteen chapters, classified under the various systems—respiratory, circulatory, blood, ductless glands, etc. This arrangement makes for clarity and for convenience in instant reference.

The text should be of immediate and practical use to medical

students, and practitioners will find in it much of value to them in their daily work.

W. M. B.

PUBLIC WELFARE AND SOCIAL WORK. By Howard W. Odum. University of North Carolina, The University of North Carolina Press, 1926. 178 p. \$1.50.

This is a general introduction to social work and public welfare through the study of social problems and social relationships, with particular reference to the problems facing workers in North Carolina, and addressed to the "County Superintendents of Public Welfare in North Carolina" and to college students, without over emphasizing the apparent assumption that both are in need of the same elementary information.

The discussions take up their various problems at the beginnings. There is no need to search back into syllabi, perhaps a bit dust-covered, to get a firm start. Three hundred and ninety-three searching questions, carefully numbered one after the other with no halt in their steady progress across the pages of the book, lead the student in guided tours from each of which he is carefully guided to the next.

For the beginner, a sure and trustworthy chart; for the busy worker engrossed in a routine, an accurate unit of measurement; for the sophisticate in the profession comfortably aware of the nice distinctions of a specialty, a disquieting challenge to do battle along the whole line. Certainly a book altogether worth having about, and especially recommended to the students at the library table university.

CHARLES E. MINER.

WHAT I BELIEVE. By Wm. J. Robinson. New York, The Eugenics Publishing Company, 1927. 208 p. \$2.50.

Dr. Robinson thinks it would be a custom making for human good if many thoughtful persons would honestly formulate and publish their beliefs, and give sincere statement of their views and purposes and the conduct of their own life as a part of human life. Maybe.

In this book the author undertakes to do this for himself. Those who know his work will credit Dr. Robinson with frank sincerity, however much they may question his specific conclusions.

He makes happiness the *one* aim and criterion of rational life; and then adds progress, which is a quite different category in both theory

and practise. He means by this happiness for mankind and for the self. Predicating this, he states his code thus: "Everything that tends to elevate mankind spiritually, mentally, and physically, thus contributing to its happiness, is moral; everything which tends to degrade mankind . . . is immoral." "It follows that if we wish to do right, we can have but one ideal: To work for humanity." He would not regard as legitimate, pleasure gained at the expense of the happiness and progress of others.

The author undertakes, and for the most part succeeds, in applying this measure fairly to many of our human relations, interests, and problems—as friendship, love, fear, eugenics, economic conditions, war, sex, psychoanalysis, drinking, religion, art, etc. The reviewer finds himself in agreement at most points.

However, in one short chapter on sex—interpreting it in the light of his oft-stated prejudices on the subject—the author succeeds in traversing his whole supposedly "fundamental belief" in happiness and progress for humanity altogether, as against mere personal gratification of impulses. With an obscurantism quite as real and narrow as that which he condemns in the most conventional, and much more primitive and naïve, he denies the general social interest of humanity in the very functions which make and sustain any society at all. There would be no society as we know it without sex. And yet he limits this collective interest in the sex expressions of individuals to those instances in which children result, as though the only duty which society owes in sexual matters were to the offspring of the specific unions which produce them. As a simple matter of fact all unions of every sort in any community are of reciprocal influence and bear strongly upon the opportunity for happiness, the welfare, and the progress of every child and youth in any way coming in range of any repercussions of all these matings. In spite of the heated clamor of self-indulgent individualists there is no adequate evolutionary or experimental evidence in biology, psychology, or sociology that such a miscellaneous assortment of sex expressions as the author supports would add to the happiness and progress of humanity at any vital point, and a great deal that they would have quite the opposite effect.

T. W. G.

**BEING WELL-BORN.** An introduction to Heredity and Eugenics. By Michael F. Guyer, Professor of Zoölogy, The University of Wisconsin. Second Edition. Illustrated. Indianapolis, The Bobbs-Merrill Company, 1927. xvi+490 p. \$5.00.

**THE TRUTH ABOUT HEREDITY.** A concise explanation of heredity written for the layman. By William S. Sadler, M.D., F.A.C.S. Illustrated. Chicago, A. C. McClurg and Company, 1927. xiii+512 p. \$2.50.

**HEREDITY.** By A. Franklin Shull, Professor of Zoölogy, The University of Michigan. Illustrated. New York, McGraw-Hill Book Company, 1926. xi+286 p. \$3.00.

The first edition of Dr. Guyer's book, published in 1916, proved to be a highly acceptable contribution to the subject of heredity and eugenics for the non-technical reader. It was undoubtedly the best book to be had for a dollar for many years. The new edition, containing almost exactly twice as much text material, an enlarged glossary, many new illustrations, and an appendix on statistical methods as applied to problems on heredity, sells for \$5, and serves by its many contrasts with the first edition to impress us with the rapid changes that are going on in the sheer accumulation of facts about living things. While the actual readings of the first edition are retained almost entirely, the interpolations and additions of new material represent not so much the author's changing conceptions and interpretations as the substantial addition to the whole problem by hundreds of investigators in this country and in other countries. The subject of internal secretions, for example, has nine solid pages of new material. The more complex Mendelian phenomena, the linear arrangement of genes within the chromosome, additional cases of human heredity for both recessive and dominant traits, a fuller discussion of heredity in relation to disease, the influence of X-rays and other radiations upon the germ plasm, the continuation of earlier experiments on the influence of alcohol upon the stock, the application of various types of tests for the classification of human abilities and defects, the more recent experience in controlling immigration and in sterilizing undesirables, are the chief topics that account for the legitimate expansion of the book to its present proportions.

The author repeats his earlier conviction regarding the importance of a broader educational foundation in the development of social hygiene than is afforded by a purely informational treatment of the facts of sex and reproduction. There is an extensive discussion of

venereal diseases in the chapter on prenatal influences, including more recent estimates of the prevalence of these diseases and reference to methods of diagnosis and treatment.

While the chapter on the transmission of somatic modifications contains considerable new material, one misses a discussion of the claims by Kammerer, not so much because of their importance as because of their wide diffusion among many readers who are not especially trained in a critical evaluation of even the better grade of "popular science," and we should have welcomed a further discussion of Guyer's own experiments.

The new material on the processes of development and the factors that influence them ought to be especially helpful in clarifying for the reader the eternal question of "heredity or environment."

The title of Sadler's book is unfortunate in suggesting that somebody, or perhaps some organized conspiracy, has been withholding something from the public; and it somehow intimates that a knight both fearless and able has at last come to our rescue—and here it is. The author has undoubtedly read a tremendous collection of literature and deserves credit for his industry. One regrets the inability to commend the book whole-heartedly since it does represent a sincere attempt to clarify a difficult subject for the ordinary reader without writing down.

In going through the book one is impressed not only with the wide reading but with the lack of discrimination in the reading, and above all by the failure of the writer to assimilate the new teachings which he attempts to elucidate. For the student who knows the subject matter, this book offers a series of concise summaries at the ends of the several chapters; and for the experienced reader who knows how to select, there is an extensive bibliography in which the latest items are of the year 1920 and in which recent editions of standard books are omitted.

There are vestiges of Aristotelian psychology (the memory, a faculty that can be trained like mules) and of a naïve teleology which speaks of the purpose of sex, of the consecration of the germ plasm, of the sole function of the play instinct, etc.—as if we really knew. There is confusion between a subject-matter or a process and its name; for example, "embryology is the name applied to that long process of development, etc."; "chemistry may be as uniform as a crystal, but biology consists of an infinite array and succession of variations." With so much being printed for which those who care

have no time, and with so much need for re-statement and interpretation for the benefit of the untrained mass, a book like this is a misfortune.

Professor Shull's book, which is designed as a textbook for college students, shows mastery of the subject and competency of the teacher. The range of subject matter is comprehensive but not exhaustive, and the treatment direct and lucid. The practical applications of heredity receive due consideration, the last three chapters dealing with problems of eugenics, population, race, and immigration. Dr. Shull seems to have learned almost all he knows about the race problem from the professional Nordics, but is conscious of the need for a more judicial attitude in the discussion of race problems than one commonly finds in his environment, even at a university.

Although designed for the student this book should be of value to more mature non-professional readers, just as Dr. Guyer's book intended for the lay reader could be well used as a textbook.

BENJAMIN C. GRUENBERG.

#### PUBLICATIONS RECEIVED

*Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.*

BIOLOGY IN THE ELEMENTARY SCHOOLS AND ITS CONTRIBUTION TO SEX EDUCATION.

By Harry Beal Torrey. New York, The American Social Hygiene Association, 1927. 34 p.

CHILD GUIDANCE. By Smiley Blanton. New York, The Century Company, 1927. 301 p.

COMPANIONATE MARRIAGE. By Judge Ben B. Lindsey and Wainwright Evans. New York, Boni and Liveright, 1927. 396 p.

GIRL LIFE IN AMERICA. By Henriette R. Walter. New York, The National Committee for the Study of Juvenile Reading, 1927. 157 p.

CHRISTIAN LIFE PROBLEMS FOR YOUNG PEOPLES' CLASSES AND SOCIETIES. By Harry Thomas Stock. Boston, The Pilgrim Press, 1927. 58 p.

INTERNATIONAL CLINICS, VOLUME IV. By Leading Members of the Medical Profession. Philadelphia, J. B. Lippincott Company, 1927. 309 p.

PROBLEMS OF CHRISTIAN YOUTH. By Harry Thomas Stock. Boston, The Pilgrim Press, 1927. 62 p.

REPORT OF THE SURGEON GENERAL. Washington, United States Government Printing Office, 1927. 501 p.

A SON OF THE BOWERY. By Charles Stelzle. New York, George H. Doran Company, 1927. 335 p.

THE SCIENCE OF SOCIAL RELATIONS. By Hornell Hart. New York, Henry Holt and Company, 1927. 664 p.



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## INTERNATIONAL TRAFFIC IN WOMEN AND CHILDREN

PART TWO OF THE REPORT OF THE SPECIAL BODY OF EXPERTS  
ON TRAFFIC IN WOMEN AND CHILDREN

APPOINTED BY THE COUNCIL OF THE LEAGUE OF NATIONS \*

BASCOM JOHNSON

*Director of Investigations*

This report was prepared in two parts. The first part contains a concise account of the facts disclosed and a statement of the conclusions founded on them. A large mass of material was collected of which the more important, arranged according to countries, was printed in Part II. Both parts of the report were completed in February, 1927. They were approved by the Council of the League in March of the same year, and Part I was immediately distributed to the public. Part II, however, was at the request of the Experts temporarily withheld from public distribution, to be sent to the Governments of the twenty-eight countries concerned in order to obtain their comments thereon. These comments were desired by the Experts because Part II contained, as Part I did not, extracts from laws and regulations of each country and detailed descriptions of administrative measures and the social conditions which these measures and laws were designed to control.

\* A review of Part One was published in the JOURNAL in May, 1927.

As the inquiry on which this report was based was begun in May, 1924, the Experts were aware of the possibility that substantial changes in conditions or procedure might have taken place in the various countries between the time when these countries were studied and the time when the report was prepared.

The Experts were also particularly anxious, in connection with a report which was certain to arouse national susceptibilities to a certain extent, lest misunderstandings of the full import of interviews, or some mistranslations of the many documents (in fourteen different languages), or other errors might have crept into the report in spite of the most scrupulous and painstaking efforts which were made to prevent such errors.

While only nineteen out of the twenty-eight Governments commented on Part II, and while these comments were in the main favorable, or at least uncritical, there was enough additional information secured and incorporated in the report and enough corrections of minor errors or misunderstandings were made therein to prove the wisdom of sending this part of the report to the Governments in advance of public distribution. Part II, with these changes, which were made by the Body of Experts at its meeting on November 15-26, 1927, was received by the Council of the League on December 5, 1927, and immediately ordered placed on sale to the general public.<sup>1</sup>

### *Origin of Inquiry*

The idea of such an inquiry was proposed by Americans some five or six years ago, after the organization of the Social Section of the Secretariat of the League of Nations. The roots of the matter go still deeper. When the Covenant of the League was being written in 1919, Americans among English and other nationals were active in securing the inser-

<sup>1</sup> The agency in the United States of America for the sale or distribution of this, as well as other documents of the League of Nations, is the World Peace Foundation at 40 Mount Vernon Street, Boston, Massachusetts. Part I is available at \$.50, Part II at \$2.00.

tion of Article 23-C in the Covenant. Under this article, the League is intrusted with the supervision of the execution of all international treaties dealing with the traffic in women and children. At that time there were two such international treaties, one of 1904, and one of 1910.

### *The Setting Up of the Inquiry*

In 1923 Miss Grace Abbott, Chief of the U. S. Children's Bureau, was appointed by our Government in an advisory and consultative capacity as a member of the Advisory Committee on Traffic in Women and Children attached to the Social Section of the League.

At Miss Abbott's suggestion, the Advisory Committee recommended to the Council of the League a world-wide inquiry to determine the existence and extent of the traffic and the conditions under which it is carried on. This the Council agreed to on condition that this inquiry could be financed and also that the investigation should be carried out with the consent and collaboration of each country concerned. This matter was thereupon brought to the attention of the Bureau of Social Hygiene of New York, which latter organization generously provided the funds with which the inquiry was conducted. The Council then appointed eight Experts to conduct the inquiry.

The names and nationalities of these Experts are:

Dr. William F. Snow, United States, President.

A. de Meuron, Switzerland.

M. Cristina Giustiniani Bandini, Italy.

Isidore Maus, Belgium.

P. Le Luc, France.

S. W. Harris, Great Britain.

Tadakatsu Suzuki, Japan.

Dr. Paulina Luisi, Uruguay.

### *Area Investigated*

The report contains information concerning one hundred and twelve of the principal cities in twenty-eight countries.

These cities and countries are located in North and Central America, on the east coast of South America, in Europe, and on the north coast of Africa.<sup>2</sup>

In addition to the field studies above referred to, preliminary visits were made to Norway, Denmark, Sweden, Palestine, Morocco, and the British West Indies, but the situation in those countries did not justify detailed studies at the time, and therefore they were not included in the study. As a rule each country was visited once but where it was reported that conditions had changed since the first visit a second visit was made, or efforts were made to obtain the most recent information by correspondence.

### *Scope of Inquiry*

In view of the wide national differences in the conception of the term "traffic in women and children," and particularly in view of the somewhat legalistic interpretation of that term heretofore existing in many sections of Europe, the interpretation adopted by the Experts at the beginning of the inquiry is of special interest.

The narrow definition of "traffic" as consisting only of cases in which the girls procured were under twenty-two years of age or, if over that age, to cases of adults procured by force or fraud, was abandoned by the Experts as an impractical basis for the inquiry for two reasons: First, because false or fraudulent birth certificates have been secured in so many cases that the ages of many girls found practicing prostitution in foreign countries are in considerable doubt. Second, it was believed that no woman, even though she be an experienced prostitute, can possibly understand and therefore consent in advance to the sort of exploitation and virtual slavery to which she is often subjected in a foreign country of whose language

<sup>2</sup> Algeria, Argentine, Austria, Belgium, Brazil, Canada, Cuba, Czechoslovakia, Egypt, England, France, Germany, Greece, Hungary, Italy, Latvia, Mexico, Netherlands, Panama, Poland and Free City of Danzig, Portugal, Rumania, Spain, Switzerland, Tunisia, Turkey, United States, and Uruguay.

and customs she is ignorant and where she is far from home and friends.

### *Methods Used*

In general two methods were adopted by the Experts in assembling the information on which this report is based. First, they used such laws, reports, and other documents as the Governments had sent to the League in response to questionnaires, one of which the Experts themselves had prepared. Second, they appointed a Director of Investigations with a staff of skilled and experienced assistants who studied on the spot the conditions in these countries and cities with the consent and collaboration of the Governments concerned. Ten of the twenty-eight countries reported on sent in no information in answer to the Experts' questionnaire.<sup>3</sup> Extracts from the replies of the remaining eighteen were embodied in their respective reports.

As regards the field investigations, every facility was given for inquiries on the spot by the Governments of the countries visited. Interviews were first held with the chief officials whose duties gave them knowledge of traffic. These included the Central Authority where there was one appointed under the Agreement of 1904, chiefs of police and of migration and of health services, as well as many other experienced officers. In all some six hundred officials were interviewed. These officials were asked for full information on all forms of traffic and attempted traffic which had come to their attention, and the measures taken to discover and prevent such offences. Particulars were then obtained of immigration measures, including instruction to Consuls to refuse visas to undesirable persons, the exclusion of undesirables at ports and frontiers, and the practice in force as to welfare measures designed to assist women and girls arriving friendless in the country or

<sup>3</sup> These countries were Brazil, Canada, Greece, Latvia, Mexico, Portugal, Rumania, Spain, Turkey, and Uruguay. Mexico and Turkey are not members of the League of Nations.

as members of theatrical or entertainment troupes. Special attention was paid to methods of entering the country clandestinely. A detailed inquiry was also made with regard to emigration, the issuing of passports to prostitutes and their souteneurs, and the safeguards adopted in granting passports to women and girls whether travelling to neighboring countries or further afield and overseas. Information was asked from police authorities as to the names, photographs, fingerprints, and records of known or suspected traffickers, and as to how far such records were exchanged with other Governments. Particulars as to the deportation of undesirable aliens were obtained. In addition, information was sought on the relevant aspects of prostitution. In obtaining legislation and official regulations special care was given to the study of how such laws were carried out and administered practically. This preliminary inquiry gave the Director of Investigations a general idea of the knowledge possessed by the authorities, with which he checked as far as possible and coördinated the material he received day by day from other sources.

It was found easier to obtain information as to the number of prostitutes and in particular as to the number of foreign prostitutes in countries in which prostitution is licensed and where there are therefore statistics.

Investigators were employed on the difficult task of establishing contact with the underworld and of obtaining first-hand information as to its activities. Some five thousand underworld characters were interviewed. The investigators associated with souteneurs and prostitutes, frequented their clubs and cafes, visited the houses of prostitution, and became well acquainted with the madames, assistant madames, and the inmates. They also got into touch with the managers and artistes in cabarets and music-halls. They were given introductions from members of the underworld in one country to those in another, and they were told how to obtain false documents, how to smuggle women in by sea or across unguarded land frontiers, and where to purchase indecent photographs and obscene literature. In general this study



included every method by which the underworld claimed to be able to evade official restrictions. It is evident that information of such a nature could only have been obtained by skilled investigators, full of resource, able to extricate themselves from difficult situations, and prepared to risk the dangerous consequences which would follow detection.

The investigators wrote up their notes of conversations at the earliest moment and gave them to the Director of Investigations, who was able on the spot to check and counter-check the results, and, when necessary, to arrange for confirmatory evidence to be obtained.

The language used by members of the underworld was translated into the nearest equivalent in French and English.

The collection of information was facilitated by a number of fortunate circumstances. For example, certain traffickers in South America supplied the investigators with introductions to groups of souteneurs in two or three European countries with whom they were in correspondence with a view to the recruitment in these countries of prostitutes for South America.

Useful information was also obtained from voluntary societies and private individuals, many of whom were working for the welfare of women and girls. Some two hundred and fifty voluntary workers were interviewed, and the reports of many societies were studied.

### *The Plan of the Report*

As indicated above, Part II contains twenty-eight separate reports, one for each country. Each report consists of a few introductory remarks, a section on internal conditions in relation to traffic, a section on incoming traffic, one on outgoing traffic, and various appendices. Where there is a large amount of information, sub-headings are sometimes introduced.

(a) The section on internal conditions in relation to traffic is necessarily based upon inquiry into the methods by which the authorities deal with the whole problem of prostitution

and commercialized vice. No true picture could have been given of traffic into or out of a country without some reference to the internal conditions out of which it arises. It is the conditions in a country which excite a demand for prostitutes which the trafficker is not slow to meet; it is the internal conditions, again, which provide a supply of women and girls ready to fall victims to the trafficker. The reports show throughout how traffickers adapt their methods to internal conditions, and how they profit by any aspect of them which they can turn to good account. Under this heading, therefore, in each report there is a short statement as to prostitution and of the ages and of the numbers of prostitutes so far as any information was available; of clandestine prostitution, particularly in streets and public cafes and in places of entertainment; of the *souteneurs* met and of the *madames* and of the owners of houses of prostitution. Where there was indication of national traffic, or of the bringing in of girls from one town to another or from country districts to the towns, it was dealt with also under internal conditions.

(b) The section on Incoming Traffic contains information as to the number of foreign prostitutes in the country, how long they had been there and their ages, and how they arrived in the country. It deals with the demand for foreign women and how it is excited. The section also contains an account of Government measures taken to keep out or send out undesirable aliens, and an account of the devices used by prostitutes, *souteneurs*, and traffickers to evade these restrictions.

(c) The section on Outgoing Traffic contains information as to the movement of women and girls out of the country for purposes of prostitution; in other words it deals with supply. Some account is given of the number of such women found in other countries studied, and a description of measures taken to safeguard and protect emigrants from exploitation abroad by means of supervising the issue of passports, the licensing of employment exchanges, etc. An account is also given of methods by which underworld characters avoid these restrictions.

(d) The appendices to each report contain mainly statistical tables; extracts from regulations dealing with prostitution and from the penal code dealing with the offences of traffic, procuration, abduction, seduction, and living on immoral earnings; and, lastly, extracts from emigration and immigration measures.

### *Original Documents*

A report written for publication and circulation must be presented with circumspection and with discrimination. For these reasons cyphers have been used to conceal the identity of persons and of places; extracts only or summaries have been given of too realistic conversations; details have been omitted which, though vivid, were not sufficiently general to insist upon.

A report inevitably loses something of the realism and of the convincing quality of the original authentic documents. It is therefore perhaps necessary to state that there has been deposited with the Secretariat of the League of Nations the complete collection, filed and indexed, of the mass of original documents. These include, in addition to official reports and publications, photographs and visiting cards, telegrams, letters of introduction from one trafficker to another, contracts of work, a copy of a receipt to a woman from the man who procured her and whom she had paid off, false or falsified documents, and many other first-hand exhibits. Information of such a quality cannot, on the grounds of expediency, be made available for general circulation, but that it is in existence should not be overlooked in reading the more sober and guarded descriptions in the published reports.

### *Findings*

As the findings on the facts set forth in Part II have been summarized in Part I together with the conclusions which the Body of Experts drew from these facts, and as Part I has been on sale to the general public for over a year, it would appear unnecessary to repeat these findings here.

For the benefit of those, however, who have not seen Part I

it may be said that the facts obtained in this survey warrant the statement that women and girls, adults and minors, are still being taken from Europe to South and Central America and to Northern Africa for prostitution in considerable numbers; that while force is not often used, various forms of deceit are quite common; that countries of destination for this traffic are generally those which combine either the elements of prosperity, or a preponderance of men in the population, or both, with the policy of licensing prostitutes of all nationalities; that countries of origin are generally those whose internal conditions are favorable to the creation of a constant stream of new prostitutes whom the country will not support, or countries containing a surplus of women of the ignorant or immoral classes who turn a credulous ear to the statements of traffickers who sometimes pose as wealthy foreign business men as to the prosperity to be enjoyed abroad.

In view of the fact that suggestions have been made in the American press and elsewhere that Part II of the report of the Body of Experts was at one time suppressed, and that its present release has been effected only after drastic changes were made at the request of certain Governments, which changes seriously affect and modify the original draft, the following facts are presented:

This report, as indicated elsewhere in this statement, was never suppressed but was prepared in draft form in February, 1927, for submission to Governments at the suggestion of the Experts themselves, in order that the Experts might have the advantage of the latest information in the possession of Governments.

The changes made by the Experts after receiving the comments of Governments were of four kinds:

1. Additions to the report of laws, regulations, or statements of policy adopted since the report was first printed in February, 1927.
2. Restatement of paragraphs which were susceptible to misinterpretation.

3. Deletions of unnecessary repetitions of names of countries or cities.

4. Corrections of minor errors.

The first of these changes added considerably to the value of the report and made it more up to date. The last three made the report clearer and more accurate, and removed grounds for criticism of Governments concerned. In no case did changes or deletions affect the essential truth or validity of any statement in the report, or detract from the truth of the picture intended to be presented.

Needless to say, this inquiry could not have been carried on nor a report written thereon with anything like the speed and thoroughness with which these things were accomplished in the absence of a League of Nations, and particularly in the absence of a Social Section within that League. Full acknowledgment has been made by the Experts of the value of all the League's facilities and of the loyal and devoted assistance rendered by Dame Rachel Crowdy, Chief of the Social Section, and of her staff, particularly during the preparation, printing, and distribution of the report. Some slight conception of that part of the job, which was handled by the Secretariat, may be gained through a consideration of the translation and printing problems alone. Part II, which contains the reports of twenty-eight countries, was written in one month (Nov. 14-Dec. 14). The laws and documents on which it was based (many of which are annexed as appendices) were contained in thousands of pages of material much of which had to be translated from fourteen different languages into French and English. The two texts had then to be carefully compared and harmonized before sending them to the printer. The printer in turn was required by the Secretariat to work day and night shifts for several weeks in order to print and distribute the report in time for consideration and adoption by the Experts in February, and by the Council early in March of 1927. All these services had to be drawn upon again to make final revisions of the report for publication in December.

## A MILE-STONE MEETING: THE FAMILY LIFE CONFERENCE IN BUFFALO, NEW YORK

ANNA GARLIN SPENCER

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Some sixty years ago and over many thoughtful and socially-minded people began to feel that the "Lady Bountiful" and the "Gentleman Charitable" had landed material relief for the poor in a futile confusion of effort.

Serious overlapping of agencies and committees and church societies, unthinking obedience to the command "Give to him that asketh of thee," the bad effects of giving most to the loudest complainer with the neglect of many more quiet "cases" of more profound suffering, and the mischievous inherited idea that one who gave a dole to even a stranger and without any knowledge whatsoever of the effect of his giving would thereby win the favor of heaven—all these were seen to be present in the charities of the time. The result was the effort to "organize charity," to make groups of "associated charities," to turn the dole-giver into a "case-worker" whose business it should be to find out what was the matter with those who asked relief, what kind of assistance each one really needed, and what could be done to make the person who solicited aid self-supporting. The old command was modified by a new slogan, "Not Alms but a Friend."

For fifty years this movement to apply to philanthropic work not only business principles but spiritual aid for the preservation and up-building of character has ruled the enlightened more and more.

At first the individualistic application of the "organization of charity" was most in evidence. It was taken for granted that the state was doing all it properly could to make the poor less miserable. It was taken for granted that the industrial order, with its deep-grooved division of classes into employed and employer and its seasonal unemployment and lack of

system in finding work for the unemployed even in good times, could not be changed. It was assumed, most of all, that the family was an inherited institution unchanged in modern times and unchangeable. The only object of this better organization of philanthropic service to the distressed and destitute was therefore the fitting again to the old family order of the unadjusted, the maladjusted, and the incompetent.

Today, after fifty years of many-sided effort, we are all seeing clearly that the state is all of us, and can do what we think best for the aid of any person or class. We have free schools with free text-books, free clinics with doctors and nurses giving help toward universal health. We have all sorts of free recreational and supervisory work for the children. We have more and more a determination, not only to wipe out preventable disease, so tremendous a cause of poverty, but also to secure the healthful housing, the educational security of youth, and the protective measures for the morally exposed in manufacture and business which will safeguard all who work. And we are subjecting the inherited industrial order to question and change. We have no arbitrary limit, as social workers at least, to such social aid for the individual and the family. And when such writers as now do, declare that the family is already obsolete and that all modern elements of life make for its complete obliteration, they show an entire ignorance of what the vast system of enlightened social service has done, and is doing, not only to keep the family as an institution but to make it far more satisfactory to all its members.

There has not, however, until recently been an adequate public recognition on the part of the social workers, whose business in case-work is to fit or refit the members of the family to better conditions of living, of the changes which the factory system in industry, the trend to the cities, and the freedom of women have produced in the family as an institution. Those changes make adjustment, or readjustment, in the case of men and women found inadequate to self-control,

self-care, and self-support a more complicated matter than of old. Simplicity in family government inheres in one undisputed head. Adjustment becomes a matter of getting him to demand the right things and the rest of the family to do as he says. But two heads in each family make another problem.

The parental responsibility when it stood alone as the guardian and controlling power over child-life was a simple if a too greatly burdened agency for the care of children and youth. But now, when the community on the one side demands an amount of expenditure for the feeding, housing, dressing, and education of children and youth never imagined as necessary before, and on the other hand the community does for the child what no social agency ever before attempted, the matter of family adjustment for the child has become a far more complicated problem.

The Family Life Conference at Buffalo was remarkable, and to this writer, epoch-making, in that the great changes which have thus complicated the family case-worker's task were brought into the open and frankly faced.

The thoughtful and most helpful address of Mary E. Richmond, whose personal service to family life and her position as its representative in the Sage Foundation gave her first place in the conference, was the keynote of this great meeting.

Her prophecy as stated was that "just as the health movement has swept the country during the last twenty years, so a new social movement, a new community awakening, is nearly due. Its subject will be marriage, and to achieve social results at all comparable in value with those of the earlier movement it will have to be as many-sided in its approach, as resourceful in its attack, as the making over of our health habits has been."

The program of this memorable meeting, although aiming to express the reverence of present workers for the fifty years of effort it commemorated, was planned, as was well said by those who made it, "not to bring out the techniques of family social workers during the last fifty years, but to discover what



material things and institutions and persons are doing to family life in the United States to-day."

The fine summary by Mrs. Glenn gave the right historic touch; and the service of Dr. Jennings, Dr. Ogburn, Dr. Groves, and Dorothy Canfield Fisher, with the suggestive paper of Gordon Hamilton and the searching treatment of the industrial support of family life by Dr. Paul H. Douglas, gave high lights to the discussion. Perhaps the most important contribution was that of Dr. Douglas, who took it for granted and on good grounds "that the family as a consuming unit will in all probability continue indefinitely but that in the future increasingly large numbers of men and women will earn their living as individuals." The problems this condition will give us in increasing measure, he felt sure, must be met by "a different distribution of funds between those who have and those who do not have dependents." He speaks of these two classes as "those who have children to support, and bachelors and childless couples." To this classification may sometime be added those who have aged dependents to care for, and in some different manner from any that now obtains either in the Danish care of the aged or in the private benevolent institutions.

At any rate, the social workers are, it would seem, better fitted than any other group to deal wisely with the need for more effective social support of the family on the economic side. For they, more than any other group, have training that leads them to test every form of material relief by the effect upon character and personal initiative.

The educational needs in the development of a better form of family life as well as of better personal habits in men and women were naturally not so fully dwelt upon, but the dependence upon affection as the basis of family permanency and the demands upon intelligence and moral effort which such an affectional basis must increasingly make were stressed. And those demands rest upon education in the broadest sense for their realization. It has now come to be considered as never

before that the church and the school must unite in a character-development that will yoke personal satisfactions to high appreciation of personal and social responsibility. In this the old ethical movements toward social purity and the new demands for preventing diseases incident to vice must coalesce.

There is much reason to give a new support to any work that is still to be left as a special obligation for such societies as that of the American Social Hygiene Association. Some of these reasons were specially presented and in fresh light by the speakers at the Conference on Family Life. Some of them are being newly pressed upon the attention of churches and religious education leaders by the commissions and committees which seek to extend the knowledge gained and set in order by social hygiene societies. The movements for purifying the movies and the drama, and for checking in some proper manner the besmirching literature that now makes light of all sacred things, especially the inherited family order and the accepted social mores, all point to a new and more effective dealing with the problems of the modern family and the relation of the state, the community, the school, the church, and the industrial order to family permanence and family satisfaction.

To one who has long been intent upon this union of forces for the benefit of the most intimate and vital of human relationships, this many-sided appeal to all the higher forces, as evidenced in the Conference to which reference is here made, is welcome indeed.

## THE ART OF FAMILY LIFE \*

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There may be some in the audience who feel that a discussion of the art of family life belongs with the discussion of the decadent arts, and surely the life of the social worker has much in it to justify this assumption. In your work you are called so often to deal with broken homes and with the results of family disruptions and failures that you must indeed wonder if family life in America is passing, and yet as a group I think you are the most optimistic of us all, for you have learned to accept life as it is, making it your business to help wherever there is hope of rehabilitation, doing your part to maintain and stabilize, rather than taking sides with those who feel that family life is rapidly passing, that parents are no longer fit to bring up their children, and that home life is a lost art.

I am happy that you have included the discussion of home-making on your program under this topic, "The Art of Family Life," for it suggests emphasis on the less tangible but more important spiritual, intellectual, and emotional aspects of the home, as well as its techniques and skills. It catches the imagination, and I rejoice to have an opportunity to discuss it. "The Art of Family Life" is indeed art on an heroic scale and the artist in this field might well "work at a ten-league canvas with brushes of comets' hair," for it will take such tools to catch the variety of color and design and the scope of the composition which will picture family life in its complexity and its richness. Of all the arts this is the most subtle, for you deal neither with tubes of color nor with plastic clay but with the most delicately attuned instruments—those of

\* Read before the Conference on Family Life in America Today, Buffalo, New York, October 3, 1927.

human personality. It is a great art, and yet it must be handled by the lowly as well as the elect of our people.

I suppose no two of us would agree upon the details which make for the perfect family life—and this is well. No one description covers it, for it must—and does—reflect the social life of which it is a part, the thinking and feeling of the individuals who comprise it, and their developing personalities. Most of us, however, share in certain common ideals.

It is profoundly significant that we are demanding today that the home shall furnish above all else a spiritual force in our lives. We are refusing to tolerate the family organized mainly as an institution for safety or for economic and social security, or that which is an expression of gratified passion, or even of the desire for race survival, but are rather looking to the home as the great venture in maintaining a social institution founded upon mutual love and respect, which recognizes mutual rights and responsibilities for its members and which secures the rarest expression of individual freedom through the voluntary surrender of personal desires for the sake of larger ends. Humans living happily together in understanding and in sympathy—such is the expression of a noble art. Although a study of present conditions reveals many failures, many “bewildered” homes, as Dr. Groves calls them, it does show a deep yearning for a home life which furnishes the protection and security necessary for the full development of the choicest of human qualities. There is a growing insistence that man’s knowledge and training, the results of his genius in the arts and sciences, shall be used in the building up of homes which are able to catch and preserve the best of human idealism, the noblest of man’s instincts and desires, and can thus serve to cradle a finer humanity.

We acquiesce in these high incentives for homemaking. Differences of opinion come only when we go further—when we strive to set up an organization for a home which will function so as to achieve the objectives which we have just outlined for it.

Many homes are breaking down because they are unable to meet the diversity of demands made upon them. Man's nature requires not only that his deepest spiritual and emotional needs be served, but that his physical wants be met. The ideal home must be socially, emotionally, and spiritually satisfying as well as physically efficient and economically sound. Are we asking too much of it? Far more than of any other human institution; and yet we have entered into this closest of human relationships and have set up an enterprise demanding the application of a wide variety of knowledge and the practice of a number of skills with pitifully little direct training or guidance. We have outlined no standards for vocational fitness in homemaking, a situation we would never tolerate in occupations of far less consequence to the future. The home economics courses which have been organized for a number of years in our schools are a move in the right direction but they reach far too few girls.

The home's most important functions need to be studied to determine which must be perpetuated and which might better be turned over to other agencies which can discharge them just as well, or even more efficiently. Each of us should fearlessly undertake the important task of evaluating the responsibilities which we are placing upon the home. What should be its most vital functions? Is our best thought, time, and effort going into the maintenance of these?

Such a study is needed, for it is not only in the movies and the short story that we see the home depicted as only a house in which to sleep the family—a place to go from. There are numerous evidences that for many this has become its status. On the other hand there are those who have watched with unwarranted fear the gradual stripping from the home of first one activity and then another. To some the buying of "baker's bread" was almost the symbol of the disintegration of family life. There are many who take what might be called the "kitchen minded" view of home life and see the physical

aspects of family life as paramount and feel that when these are taken over by other agencies the home vanishes.

It is right that we should set up certain individual requirements for our homes, but these must not be maintained by clinging unreasoningly to standards and ideals of a past generation. We should be able to interpret a little more intelligently some of the forces which are sweeping the home along. One almost feels when one reads or listens to certain discussions that we are as guileless as the man who closed his door during the great flood and said, "We are safe and secure, we are in our home," while all the time it was being carried from its foundation by the power and strength of the roaring river.

No home can today withstand the onward march of our social and industrial life unless it adjusts to them. If it barricades its doors, if it maintains its old ideals of autocracy and selfishness, it is lost. It can maintain its integrity only by taking unto itself the best that modern life has to offer. If this selective process cannot go on, the home is doomed to disintegration, for we cannot stop, even if we would, the demand for self-expression and for freedom. This does not mean that we are to sacrifice our objectives for the home and family—quite the contrary. This is the first time, probably, in the history of civilization that society has been ready for a democratic organization of the home, not only for the few but for the masses. It has at its command today resources which, if wisely used, promise to enrich its life, to give fuller expression to individual personality, a better rounded development for all of its members than ever before.

You heard this morning two splendid papers on the biological and sociological bases for the home.\* It is my part to discuss some of the tools, the resources which can be used in achieving the art of family life. As in any other great art, so with family life; we must hold consciously the vision of our

\* "The Biological Basis of the Family," by HERBERT S. JENNINGS, and "Social Heritage and the Family," by WILLIAM F. OGBURN. These and other papers of the conference were published in the *Survey Graphic*, December, 1927.

ideal, the objectives for home life and its activities. We must have a medium through which we give expression to this ideal, and skill in the use of our tools. The more clearly we set forth our objectives, the more advantageously are we able to use our resources.

There are two types of resources at the command of every home—those furnished by the activities and the personnel of the family, and those which the community makes available. Resources of the first type are those represented by the joint income, time, and effort or energy of the members of the family, together with their personalities, special abilities, skills, training, and knowledge. We often overlook many of these, just as we frequently forget the importance of family standards, traditions, and customs. Other resources at the command of the family are its good health, its activities, and the house itself with its furnishings and equipment. This is an enlarged conception of resources but if you will briefly think through them you will agree that the successful home is the one that has learned to use all of these wisely. As is always true, these resources may prove either assets or liabilities, depending upon the method used in handling them. We all know at least a few homes in which too much, rather than too little, money is a liability, and the same thing is true of time. While we all know homes where ill health or the personalities of the group are the most serious handicaps, we must not overlook elements which are of such vital consequence in their effect on the self-expression and the happiness of the family as are personality, special abilities, training, and experience, or family standards, traditions, and customs; for these more than time, money, and effort determine the quality of the family life.

The resources which are furnished by the community are much modified by the kind of community in which the home is located. Some of them which may be drawn upon are schools, churches, libraries, health and consultation centers, playgrounds, recreational centers, social, professional, civic,

musical, and philanthropic organizations and activities, market and shopper's facilities, municipal service and public utilities, such as gas, electricity, water, light, and transportation, as well as racial and community customs and standards. Time does not permit of a discussion as to how these resources might be used to build up a stronger home life; I can only urge the importance of the extension of courses which deal with their wise utilization, for we cannot expect that even our fairly well trained homemakers will either understand how to use this array of resources or be anxious to do so—on the contrary your experience will bear out mine, that people have to be coaxed, persuaded, and helped to want to make new contacts.

As homemaking is the common art to be practiced by most of our citizens, we must use the public schools for our channel of education. Through them every boy and girl should be given an appreciation of the significance of the right kind of home life and a desire to perpetuate it. This cannot be taught by rote, by merely telling all young people they should respect the home and maintain it. It will only come through a consistent program of school and home activities which gives experience in using the resources available for the maintenance of our family life; through a program designed to affect conduct and to build up ideals and attitudes of home loyalties.

"Worthy home membership" is one of the cardinal principles of our public school education, but we have done little to organize curricular and extra-curricular activities to this end. In fact many of our young people leave school determined to get all they can out of life but never to assume the responsibility which must come with a family. To what is this due? Dr. Groves will answer this far better than can I, so I need only suggest a few points. First, we have left too much of the teaching of standards and ideals of family life to "pick up" education. We have misled by weaving around love and marriage fairy tales of romance which are highly entertaining and which stir our imagination but whose very



purpose is to take us away from the world of reality. They furnish a kind of vicarious experience which has had effect upon emotional development. It is time now for genius to spend more time in honestly showing the stakes for which we play when we tackle the great game of life, of marriage and homemaking—that it takes grit, determination, training, skill, and courage to make a success of it, but that you have won life's greatest gift if you succeed; that the full life is one of experience which carries with it failure and success, happiness and sorrow; that the weak fall by the wayside and only the fit survive, but that the struggle compensates and is worthy of the finest effort of manhood and womanhood.

This art of homemaking which I have been trying to depict might possibly better be compared to a fabric into which are woven the rather drab, simple, mundane affairs of the household, with only here and there a bit of the silver and gold of the occasional rare moment. Each day the weaver steadily plies her art, developing the pattern simple and strong. Her design is true; the broken threads, the knots do not mar its beauty—they are only signs of “hand made” individual workmanship.

As in any other fine art, family life is the result of fine feeling, intelligence, training, and skill. All are needed to make of the home a place in which the free spirit loves to dwell.

Modern psychology and sociology are helping us to see better the place of environment in the much discussed question of environment versus heredity. We are beginning to understand how the human learns, and the significance of the various factors of environment in conditioning behavior. Bertrand Russell has suggested that we could fundamentally modify life in a generation by giving all children the advantages of the nursery school. If this has in it even a small element of truth, what might be accomplished by surrounding every child from birth with the environment best suited to his needs? Such a significant social experiment has never been tried. Some by the chance of birth have been from infancy in an

environment fitted to their optimum development, but no nation has yet mustered its strength or unified its agencies on a program of education which would assure to every infant a home established by parents trained in the art of homemaking.

There are educational and social agencies working to this end. The best of the home economics courses have always had homemaking as their objective, and much good work, particularly in foods, nutrition, clothing, budgeting, and house furnishings, has been offered to girls and women, but to use effectively the resources listed above a much broader conception of an education which will fit both men and women for homemaking must be outlined. Just being trained as a good citizen does not seem to prevent the many unhappy results of badly handled home finances, the inability to make the necessary personal adjustments demanded by marriage; nor does it give the appreciation of the fundamental biological, social, and spiritual values which underlie human behavior and which make for happy human relations.

Through the division of labor in this coöperative enterprise of the home, the wife and mother must assume the major responsibility for the work of the home, and girls must be trained in the minimum essentials of management and skill involved in this many-sided occupation, since upon them devolves the responsibility for providing adequate food, clothing, and shelter for the family as well as for doing their part in meeting its social and spiritual needs. Women are at times wont to minimize the importance of the simple tasks of the home, to see in them only hardship, monotony, and even drudgery, failing to grasp their significance as essential means in procuring that environment so important to the right functioning of family life. The artist may have desire and ambition, he may even have a great vision of what his picture is to be, but if he uses his brush clumsily, mixes his paints without an appreciation of color harmonies, and groups his masses without regard to balance, rhythm, and the other simple prin-

ciples of design, what does he get? The discord resulting from the poorly managed home is far worse.

Simultaneously with the building up in our young people of the desire to make better homes, must come the opportunity for further training after they enter into the occupation of homemaking. This is coming. The extension of public education to include adults is one of the great forward-looking movements of our day and it can be a great asset for finer home life. It will not be long before a chance of education for parenthood will be available to all who are willing to give the time and effort to study. Professional pride is developing even though an increasing number of women are working for wages outside of their own homes. Each year sees larger numbers of homemakers enrolled in home economics classes, availing themselves of the opportunity for professional improvement.

In such a program of education for homemaking as I have attempted to describe, there is a splendid opportunity for coöperation between social service worker and the home economics teacher. The social worker has always been one of the most effective of our teaching forces. She gets into the home at the time help is needed. She gives her lesson in infant feeding or care when the mother has, as we say, the "felt need." She gives her lesson in housekeeping or in budgeting when the lesson may show the only "way out" for the family.

You social workers have been right in your occasional criticism that too much of the home economics work in the public school has been theoretical; that it has not helped the girl to meet and solve her immediate problems, nor opened a vision of the fuller life into which she hopes later to enter. Teachers' schedules are such that they seldom are able to visit the homes; they know little about the social or financial problems which their students face, and their instruction lacks accordingly. Your work would be strengthened and made more permanently helpful if it could be followed up with systematic home instruction such as the school could well furnish. Both

types of educational agencies must always be at work, those which train our youth to discharge the duties and assume the responsibilities of the home and give them an appreciation of its value and the opportunity for service and happiness which it offers, and those which are constantly working to maintain our homes, building up ideals, helping those who fail, encouraging all with the profound belief in the worth-whileness of the venture. If we honestly believe that we have something priceless in the institution of the home which must be preserved, then it behooves us to look deep into this problem and to draft the best minds and hearts of our nation to help us solve it. Only when we are ready to unite our great strength back of a functioning educational program for worthy home-making may we hope to build up and maintain family life which deserves to be called an art.

## AND WHAT OF THE FAMILY?

THREE EXTRACTS FROM ADDRESSES GIVEN IN THE CONFERENCE  
ON FAMILY LIFE IN AMERICA TODAY  
BUFFALO, OCTOBER 2-5, 1927

### I \*

So great has been the significance of Darwin's discovery that sociology has been overshadowed by the influence of the theory of evolution and of studies of inheritance. It is only within the past decade that the importance of our social heritage, in comparison with our biological inheritance, is coming to be realized. Formerly when one spoke of heredity and environment the term environment was given a biological interpretation. It was usually thought of as an environment of nature only. The great significance of the environment that we now call the social heritage was forgotten, or else

\* From "Social Heritage and the Family," by WILLIAM F. OGBURN, PH.D., University of Chicago. Published in the *Survey Graphic*, December, 1927.

more probably thought of as the direct product of man's inherited nature.

The social heritage is a great concept and it will take the social sciences a long time to work out its full meaning. But something of its significance can be seen from its definition. It is that part of our environment other than the natural environment of soil, climate, fauna, and flora. It consists not only of buildings, machines, and fabricated material objects but of ways of acting and thinking that find expression in religion, philosophy, art, science, ethical codes, and social institutions, and is thus synonymous with culture. This is the environment that makes personality, that brings freedom or tyranny, that determines beliefs and gives us knowledge. In the present era it is a great complex called civilization, which is undergoing rapid change, which has brought many maladjustments and social problems, but which we hope to improve. This is the environment which we hope to construct into a "kingdom of God on earth" rather than into a "garden of Eden."

As the family is the almost universal institution through which the biological inheritance is passed on from one generation to another; so also the family is universally important as an agency for passing on the social heritage. But not the exclusive agency, for there are, of course, other social organizations almost as universal as the family in continuing the social heritage, as for instance, the community, industry, and religious organizations. . . .

That other social institutions perform well the functions that have been shifted to them from the family is true in many cases. The question that arises is, what will happen to the family? It is quite possible, even probable, that the family will emerge a more harmonious institution, though such an end is hardly conceivable to those whose eyes are turned backward. The reason the future family may be a more harmonious institution is the following: the family is a group of individuals who associate together because of certain

attractions or bonds or ties; otherwise they would move and live as single individuals rather than as a group. These bonds or ties are those already discussed—the economic bond, the protective, the educational, the religious, the recreational, and one other very important one, the affectional. All these functions helped to keep the family intact as a group; they have not been strong enough, however, always to hold family groups wholly together. For aside from death, the family has everywhere in some instances been disrupted by separation or divorce. But as all these bonds, except the tie of affection, have been materially weakened during the past century, it is natural that the family would fall apart more frequently. The loss of these functions means then that the family largely must look to one bond alone to hold it intact—namely, the bond of affection. Surely this is not so dismal a prospect as some of our calamity howlers think—a prospect of families based on affection. Formerly when the family was a business partnership, affection may never have existed, or it may have been turned into hate or irritation or suffering between husband and wife, and indeed the affectional relation between child and parent may have been overlaid by cruelty and authority, by restricted personality, by a domination that left no freedom. Yet with affection gone a family group had to continue because of these economic bonds, and others.

With the changed conditions, the family must rely much more on affection. With birth control, with women working outside the home, with fewer children, and with more frequent divorce, it seems very probable that much more attention will be given to the affectional element. And while separation and divorce may be more frequent, it is quite probable that the average quantity of affection (to use a statistical concept) per family unit remaining intact or founded anew after divorce will be much higher than when the family was held together by many other bonds. This may not be the case, however, for there are many forces in modern life that produce nervousness, and with nervous men and women it is more difficult to

find suitable mates. The conditions of modern life, moreover, do present certain strains on affection.

There are some who think that affection is not a solid enough foundation on which to build the family structure, but these I think are also people whose eyes are turned backward. However, in taking opposition to this view, we must not be dogmatic or let our wishful thinking dictate our conclusions. In truth science has as yet very little to tell us of the causes and habits which build affection. For the topic has been taboo. Yet it seems very probable that science and the subsequent diffusion of what it will discover about affection and the learning process will do much to make affection a more frequent affair in the family between all the members concerned. But the prediction is that the task of those who would solve family problems and who would try to direct the course of evolution of the family toward better channels, is to work to discover as much as possible about the science and art of affection for parents and children as well as husbands and wives, and to disseminate these discoveries as widely as possible.

In the main, what has happened to the family is that most rapid changes have been taking place in the mechanical and economic parts of our social heritage, with which the social organization is in close association and adjustment, while the family organization has been a little slow in changing to keep up with the changes in those other parts of culture—a conclusion quite contrary to the opinion of many who think that the family has been changing too fast. There has been a true “cultural lag.” Woman’s place is still considered to be in the home, even when her occupations have been taken away in large part for the greater period of her married life. There are perhaps fewer persons married, although within the past thirty years the percentage of the population married has been increased. The age of marriage has also been postponed, probably, since the agricultural period. The relation of child to parent has become more complicated and resulted in more

maladjusted children, a result due in large part to the economic changes to which the family has not yet become adjusted. Divorce and separation have increased enormously. There are these many evidences of maladjustments of the family to the changed social conditions. These maladjustments are the result of lags or survivals of theories, policies, ethics that were quite appropriate for the family under the simpler agricultural conditions, but are not now suited to the changed conditions.

How shall the new and better adjustments be made? Not it is thought by clinging to the old beliefs and customs, for the old conditions of agriculture and home industry cannot be brought back with culture as it is, nor the mores that grew up with them. The family will have to work out new adjustments—to the small family, to a family with reduced production in the home for women, to a family which is not to be held together so much by economic and social bonds but which is to be based on affection. To make these adjustments the family will have to make new inventions and utilize new researches in the psychology of personality; utilize new knowledge regarding the habits and practices of affection, and new discoveries regarding the training of children. It does not seem probable that the family will recover the functions it has lost. But even if the family doesn't produce thread and cloth and soap and medicine and food, it can still produce happiness, which does not seem such a very bad thing to do.

## II \*

. . . Why is it necessary to provide this new education for marriage and education for parenthood, since in the past the family and the parent seem to have gone on efficiently without such aid? It is, of course, the changed conditions of life and a clearer understanding of the value of specific train-

\* From "Marriage and Parenthood Training," by ERNEST R. GROVES. Published in the *Survey Graphic*, December, 1927.



ing for social situations that are advancing so surely the notion of the new type of training. The extension of science into the field of personality has caused a rapid breaking down of traditions regarding family life, and this brings about the realization that in our time every human value must be protected by special educational effort. We have traveled a long way from the biological family; like other institutions, the family has become artificial, and now rests upon a cultural basis rather than upon original instincts or social necessities. It would be unreasonable to suppose that in all departments of life except that of the family we could enjoy the advantages of a complex civilization which has been carried far from the elementary needs of man through the enrichment of culture, and still have the home continue on a spontaneous and impulsive basis.

Out of the multiplicity of interests with its resultant specialization there has come a separation in the cultural stream so that society no longer transmits as one consistent whole the values it has perpetuated. This means that the family is no longer automatically protected by our social habits, but must depend for its vitality and achievement upon organization in the way that all the other major interests of life get their security. The fact that it is the last to receive its share of attention only makes more apparent the predicament in which it stands, while disclosing the reluctance of human nature to recognize the fact that the family is not a self-perpetuating institution. Both marriage and parenthood are affected, and the hazard of each is heightened. In the case of marriage the motives and attitudes that modify the developing individual lead away from the home as well as toward it. . . . There seems at present to be no way by which the competition the family receives from the outside can be decreased. The only way in which the family can receive its fair proportion of human interest is to provide it with a special organization that will keep its interests prominent in cultural routine. The situation of the family is not primarily

due to an attack by opposing forces, but rather to the neglect that necessarily follows in our time when any interest in life does not have the advantage of special organization. In a culture as divergent as ours, with the separated forms of appeal that are made upon human nature for its time and interest, the family would be left defenseless and its function reduced to the lowest possible terms, if nothing were done by those who undertake to influence the flow of human culture, in an effort to give the family its just importance.

The hazards, therefore, of marriage and parenthood have been multiplied as a result neither of aggressive attack nor of lack of power on the part of the family to satisfy human desires. In other words the family is being crowded out by the richness of modern culture and by an inadequate effort to use our educational resources to conserve its interests.

The challenge that comes to marriage travels on the level of pleasure and demands the giving of happiness. Marriage must accept the testing of modern youth who turn toward it as a means of gratifying individual desires. Religious obligation and social duty pass into the background, for it has become characteristic of our time, not only to enter marriage under the spell of pleasure motives, but also to retreat from it just as soon as it ceases to advance happiness. The same situation is developing with reference to parenthood, and a large portion of our population decides whether to have children at all or how many to have, by arguments that issue from a philosophy of pleasure-seeking. How could we expect either marriage or parenthood to keep apart from the prevailing atmosphere and win their place in the general scheme of things by a different sort of appeal from that which belongs to other institutions and activities? . . .

The training that is useful in conserving the family must come out of experience, and at present we must frankly recognize that we do not have the factual knowledge we desire. What we especially need is more information regarding successful marriages, how they become satisfying and what

difficulties were met by the persons concerned, and how surmounted. We can get the benefit of the study of marriage failures; of such material there is a sufficiency. What we need now is to enlist the interest of those who find their married life delightful and are willing to take us into their confidence and as far as possible reveal the methods by which they have won their successes. The same is true with reference to children; the emphasis now needed is on the consideration of the normal child, or at least that child that has not in any great measure special difficulties of adjustment or peculiar handicaps.

### III \*

. . . But I must not forget that this is my fifty-second week, in which, instead of reporting on legislative bills that have been passed or on the statistics of Ph.D. marriages, I have a right to make some good, round, arresting prophecies. I limit myself to just one, and it is this: I prophesy that, just as the health movement has swept the country during the last twenty years, so a new social movement, a new community awakening is very nearly due. Its subject will be marriage, and to achieve social results at all comparable in value with those of the earlier movement it will have to be as many-sided in its approach, as resourceful in its attack as the making over of our health habits has been.

The physicians who shaped the health movement at its inception were wise men. They built their edifice solidly upon the foundation stones of discovery and organization. While continuing to advance steadily their standards of medical case treatment, they also labored unceasingly at research. And busy though they were, they took pains to interest the laity in

\* From "The Concern of the Community with Marriage," by MARY E. RICHMOND, Russell Sage Foundation. Published in *The Family*, December, 1927.

Early in her address Miss Richmond quoted a columnist's account of a chemical convention, and of the scientist, plodding in his laboratory for fifty-one weeks of the year and then in annual session letting himself go: "He will glance at nothing less than a human race and concern himself with nothing less than a cosmos."

their new program. Above all, they recognized the importance of a form of health organization with many parts. Nothing that was essential seemed to them too small and nothing that was an obstacle was too big.

If it were possible to condense into one paragraph the main trends of this country's health developments during the last fifty years, that paragraph might suggest by analogy a possible course of development for marriage reform during the next fifty. The relation of the state to health received attention first. None of the early leaders saw the end from the beginning, nor can we, but there were great outstanding evils and possibilities at their doors and they attacked the one, developed the other. If sanitary inspection was the duty of the health wardens and if, in the New York City of those days, the health wardens were usually saloon keepers, they dealt courageously with this particular evil to the no small disgust of the wardens. When they found that many of the physicians were themselves indifferent, they organized a campaign of education among them. If an epidemic of cholera broke out in Europe, they sought the aid of the police power and of the legislature to control not only cholera and smallpox but later yellow fever as well. What they learned in their field laboratories they applied. If the liberty of the individual to acquire and to spread disease had to be interfered with, they interfered with it. And when, still later, the ravages of typhoid and of tuberculosis had centered the attention of preventive medicine upon water systems and the milk supply, upon housing and other living conditions, they did not hesitate to cross the boundary lines between state and community action and, calling upon the social workers of the country to help them, to utilize such familiar tools of our own profession as the social survey, the social exhibit, and social legislation. It was also at this stage in health developments that so much was achieved in the reform of our state and municipal health departments, and in the extension of the registration area.

But even after all this had been done, the health movement

as we know it today had arrived no more than half way. It is interesting to note that topics discussed and rediscussed in the earlier proceedings of public health conventions in this country are scarcely ever mentioned now. The death rate continues to fall, however, as our health forces turn their attention more and more to the *positive content* of health—to reëducation of habit, to personal hygiene, and in these later days to mental hygiene. Though all parts of the program must still be developed and I must not seem to assume that there are no more plague spots for the sanitarians to clear up, the more detailed, man-to-man procedures will probably receive the larger share of our attention from now on. It is evident, however, first that no one step in the long journey could have been dispensed with; and second that every vital aspect of modern life and almost every possible form of community organization has been swept into the health advance at one or another stage of its increasing momentum.

Are we not facing today another and equally important set of social conditions—conditions surrounding the founding of new families that at some points are quite as unhappy as the health situation of fifty years ago? Look around you if you doubt it; and a courage just as high, a willingness to study, to confer, to act with a like degree of humility must be ours to-day if we are to do more than play at being socially minded. The line of development may not take the same course, but I suspect that it will have to. Even if we would, we cannot escape the community aspects of this subject of marriage. Though its more personal side is of vital importance too, the right of the individual to ignore social welfare is a self-destroying right.

It is time now that we asked ourselves—assuming that a new and separate movement for saner, more truly permanent, more socially successful marriage is soon to get under way—what elements in the community are likely to bear an important part in it. Health will bear an essential but not a leading part, I believe. Just as the physicians were foreordained

leaders in the conquest of disease, so in a marriage reform movement leadership will probably belong, in the earlier stages at least, to some of those who are already responsible for our formulated marriage policies. These are the legal fraternity, the clergy, the lawmakers, the administrators of the marriage law, the women's organizations of the country, certain of the scientists, and the social workers. I do not pretend to know which one of these groups will be the dominant factor in marriage reform, but each group has something to contribute that the others have not. Historically, the law and the church have borne leading parts in helping to shape our marriage customs. Their increasing recognition of the value of the laity's point of view in other connections encourages one to believe that they will abandon any closely compartmented procedures in relation to marriage also.

The general public does not yet realize what advances in the art of noting the actual happenings to clients, plaintiffs, and defendants have been made of late by the legal profession and the faculties of our law schools. To name only one instance, a study is now being made, under the leadership of Dean Pound and some of his colleagues, of the courts of Boston. Social workers and others familiar with the life of the city of Boston have been given ample opportunity to contribute their concrete experiences. Five years ago I had occasion to quote to family social workers a statement of Dean Pound's which applies not only to his specialty and to ours but to the problems of marriage as well. He said, "At whatever cost in dramatic interest or satisfied simplicity of plan, we must insist on plurality of causes and plurality of remedies." We must indeed. Many failures in marriage legislation and marriage law enforcement in the past are traceable to a combination of rigid tradition with simplicity of plan.

The churches are also beginning to recognize the importance of plurality of causes and of remedies. Recently the Federal Council of Churches appointed a commission to study

the subjects of marriage and divorce. This commission is taking the word "study" seriously and is seeking coöperative relations with bodies made up of laymen interested in the subject. . . .

As soon as a movement for marriage reform gets well under way, another factor in it—a much newer one than those already named—will be the women's organizations of the country. No one has ever accused me of being an advanced feminist, but to study the history of marriage legislation is to become convinced that there has been a good deal of very stupid, man-made law on the subject of marriage. Heaven forbid that it should be followed by a lot of woman-made law! What we need, of course, is a reconciliation and fusion of the two points of view.

There is going to be no neglect, I trust, of the special sciences that can throw light upon our subject. Though marriage reform will not have so much to learn from science as did health reform, we should be eager to profit by all that biology, anthropology, eugenics, and psychology have to teach us. If there is any science that can help us to be wiser, less credulous, and less sensational in our use of vital statistics, I hope that science will begin to deal with us very soon. The statistics of marriage and divorce seem to present many temptations to the sensation-mongers.

In this incomplete enumeration of the different communities and professions that may be interested in a movement for marriage reform, it would be foolish to assume any high degree of unanimity among them at the initial stage. There may be sharp differences of opinion at first. But, to quote Whitehead, "a clash of doctrines is not a disaster—it is an opportunity." If it stimulates us to study harder and fires us with a desire to examine all the evidence instead of any particular part of it only, the clash will do us good.

A friend of mine who often reads my manuscripts and gives me the benefit of criticisms sometimes tart and always tonic has said of this paper that it takes altogether for granted,

and so does not attempt to prove, that marriage is a good thing. I have defended myself by quoting Mr. Folks' dictum of years ago that people who then came to lecture at schools of social work always began with Adam and made it difficult by so doing to get forward with the subject in hand. It is true that, by and large, I am assuming marriage to be a good thing, just as I am also assuming disease to be a bad thing. But a number of people are so far from thinking disease a bad thing that they deny its existence altogether. Their mistaken attitude has given the health movement a world of trouble; so will the attitudes of certain groups toward marriage, but these need not deflect our attention from our goal.

Our ultimate goal, I take it, is the one suggested by Mr. Bruno several years ago at a National Conference of Social Work when he said, "We must help to transform a society which has controlled its behavior by tradition into one which controls it by intelligent choice." That statement has seemed to me the keynote of all this series of meetings. The intelligent choices controlling marriage have many of them still to be discovered, but the interest in the subject to-day as a social problem of commanding importance encourages one to hope that not too much time will be wasted in such theoretical and inconclusive speculations as we have just had in the Keyserling book on marriage, for example. What we need is a series of next steps, however short. It is through proceeding to take such steps, in fact, that discovery is made possible.

You may be asking, "But where do the social workers, and especially the family social workers, come in in all this?" I have saved them for the very end and it is here, unfortunately, where I am most deeply involved, that my gift of prophecy is most likely to fail me. Our best beginning, probably, is to begin where we are. The editor of the Association Press said recently, "Humanity is so passionately sure that some new social device will get us out of the present crisis in



marriage that it is almost impossible to secure any consideration for an attempt to work the means that we possess." Beginning where we are involves making the best possible use of our case work experience and improving both the background and the foreground of our records when they deal, as they often do, with marital difficulties. . . .

Social advance is a unit, and if we study our case work failures carefully we are only too likely to find that even the most painstaking case treatment often breaks down at the very point where another community resource or group of resources touches the lives of our clients vitally. Unless, therefore, we are able, while remaining loyally devoted to our own specialty, to work from the basis of the whole and to see the multiform interrelations of the whole, we are in grave danger of making the mistake that the French physicians made when they objected to Pasteur's revolutionary discoveries because their concern, as doctors, was not with the disease but with the individual patient. . . .

If I were going on a long journey and not likely to come back, I think my very last words to my colleagues in family social work, with whom I have had so many good times, would be these: Study and develop your work at its point of intersection with the other services and social activities of your community. Learn to do your daily tasks not any less thoroughly, but to do them from the basis of the whole and with that background always in mind. After all, society is one fabric, and when you know the resources of your community both public and private, and the main trends of its life rather than any particular small section of it, you are able to knit into the pattern of that fabric the threads of your own specialty. There are eddies and flurries, not to say crazes. Disregard them and let your minds carry through to the practical next steps by which genuine social advance is achieved.

In this matter of marriage—and no larger question, as it seems to me, is likely to demand your attention during the

next fifty years—bear faithful, unsensational witness to what is happening in your own state. Instead of seeking any comprehensive, all-at-once remedy either through national or state action, be content at first with short next steps carefully taken and well secured by good enforcement. Work with the administrators of the marriage law; try to understand their difficulties. You ought to find it easy, for some of theirs are yours too. And yet again, and now finally, consider what a wonderfully varied and constructive part is going to be borne later in all this by the many different associations and forms of community that constitute our free society. The goal is so great a one! Prepare yourselves to contribute your characteristic difference to that common stock of insights through which—without a thought of who is to get the credit—there is finally to be achieved as great an advance in marriage reform as we are now achieving in the field of public health.

## UNLICENSED PRACTITIONERS AND THE VENEREAL DISEASES\*

WALTER M. BRUNET, M.D., and SAMUEL M. AUERBACH

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In most states the treatment of venereal diseases by anyone excepting a licensed medical practitioner is illegal. There is a certain amount of violation, as in the case of most prohibitory laws. The American Social Hygiene Association with the coöperation of the East Harlem Health Center and the East Harlem Physicians Association undertook a study in a selected district of New York City to get at the extent of these violations and the attitude of the local pharmacists and physicians regarding them. It was thought such information might be of help in other cities as well as in New York.

\* Summary of a report on the extent of the sale of nostrums and the prescribing for and treatment of the venereal diseases by druggists and irregular practitioners in the East Harlem Health Center District, New York City.

While the immediate purpose of the survey here reported was to ascertain the extent of the sale and use of nostrums for the self-treatment of venereal diseases by pharmacists and irregular practitioners, another purpose, not less important, was to acquaint the local pharmacists and others with the venereal disease work being done by the East Harlem Health Center, to establish a better understanding between pharmacists and physicians, and particularly to establish, if practicable, a working agreement whereby the pharmacist would cease selling and prescribing proprietary medicines and quack remedies for the self-treatment of venereal diseases, and prescribing for and treating customers behind the drug counters. Cordial coöperation was met with on all sides—from local practicing physicians, and from officials of the East Harlem Physicians Association, the New York Pharmaceutical Conference, the Italian Pharmaceutical Association of the State of New York, the New York Retail Druggists Association, and most of the local pharmacists of the district. The executive officer of the East Harlem Health Center was conferred with almost daily and his coöperation, valuable advice, and assistance were exceedingly helpful.

The activities of the East Harlem Health Center are confined to the territory bounded on the west by Third Avenue from the Harlem River south to East 104th Street, on the east by 104th Street to First Avenue, on the south by First Avenue to East 99th Street and 99th Street to East River, and on the east by the East and Harlem Rivers.

In the heart of this district is located the section known as Harlem's "Little Italy," with a population largely composed of Italians or children of Italian parentage. The United States census for 1920 gives this district a total population of 112,199. However, the New York State census for 1925 gives it 97,033, or 15,166 less than the 1920 U. S. census, or a decrease in population of about 13 per cent.

According to the 1920 U. S. census, out of a total of 112,199 residents, 6,878 were native-born white of native parentage,

53,965 were native-born white of foreign or mixed parentage, and 50,385 were persons born in foreign countries. In terms of percentage, 6.14 per cent were native white of native stock, 43.43 per cent native-born both of whose parents were born in foreign lands, 4.66 per cent of mixed parentage, and 45 per cent foreign-born.

Of the total number of people born in foreign lands, 33,861, or 67 per cent, were natives of Italy. The next largest group was constituted of people from Russia and Poland, with 7,094, or 14 per cent of the foreign-born population. The former Austrian-Hungarian Empire, Germany, and Rumania furnish 4,936, or approximately 10 per cent. Great Britain, Ireland, the Scandinavian countries, and Finland furnish 3,168, or 6 per cent; and all other countries 1,326, or about 3 per cent. The Negroid and Asiatic populations were negligible in that there were only 943 Negroes and mulattoes and 28 Asiatics, each of these groups being less than 1 per cent of the total.

The greater part of those born in Russia, Poland, the former Austrian-Hungarian Empire, and Rumania were of the Hebrew race.

East Harlem as well as lower Manhattan has its Bowery where men out of work and others foregather in "flop houses" or cheap hotels. Third Avenue north from 125th Street to the Harlem River (about four blocks) constitutes a second Bowery, with a half dozen cheap hotels offering beds for 25 cents and rooms for 50 cents, of the "register every night—pay as you enter" type. The rooms in these cheap lodging houses usually consist of partitioned spaces, open at the top, and each furnished with a cot and chair. In these "flop joints" can be seen derelicts, some men out of work and others, unshaven, with ragged clothing, sitting about the lobbies. Others are sick. The City Health Department records show that many patients registered for treatment at the Venereal Disease Clinic give lodging houses of this type as their addresses. They are men—or perhaps boys—who would not because of shame confide to their parents, relatives, or

friends that they were afflicted with a sex disease for fear that they might be considered "outcasts." It is estimated that there are approximately 1000 "down and outs" and diseased persons in this section, known as Harlem's Bowery. The Salvation Army has three stations in the vicinity, two of which cater to American hoboos and the third to the Scandinavian population of the neighborhood. At the street corners on Third Avenue and along 125th Street when the weather permits groups of men may be seen having all the earmarks of "down and outs" standing idle at the curb, in this important business section of Harlem, "watching the busy world go by."

The figures descriptive of the composition of the population are given to enable the reader to visualize the problems encountered on account of the racial, national, and religious differences. Each group has its own peculiar characteristics, customs, and habits. Each national group has its own imported habits and views on the relations between patient and physician, patient and clinic, and patient and drugstore. Some people, especially among immigrants whose economic and social status are not very high, who do not speak our language, and who are ignorant of the clinical facilities provided by the community, look upon the local druggist or pharmacist as the proper person to whom to apply for medical advice. They take it for granted that the local pharmacist will give them something that will relieve their ailment. Many Italians, for instance, do not know that the diagnosis and treatment of diseases are beyond the province of the pharmacist. They apply to him just as they would for legal advice to a notary public who may be absolutely untrained in law or legal procedure.

Some pharmacists, to increase their income derived from the preparation of prescriptions sent to them by practicing physicians, not only prescribe remedies but also personally assume the rôle of a practicing physician and prescribe for and treat customers behind the drug counter.

Proprietary remedies for the cure of venereal diseases are

not very often urged upon the customer by the pharmacist on account of the small amount of profit involved. He will appropriate and use for other customers the prescription sent in by a physician for a given patient, or he will prescribe and prepare some remedy himself, since with the sale of a syringe, bandages, cotton, implements, or other articles thrown in, this will bring him a much bigger financial return than he would derive from the sale of patent and proprietary remedies only. Furthermore, the average foreign-born in the district, unless he has had a venereal disease infection before and knows the name of some proprietary medicine, would not be apt to ask for any specific brand. Some even, especially among certain racial groups, do not consider a gonorrheal infection seriously enough to take proper treatment but place it in the same category as a cold that will disappear in time without any after effects.

#### METHOD

With the druggists, the personal visit method was employed. A list of druggists was compiled from the telephone directory and every one of these places in the district was visited and if possible the proprietor interviewed. In case he could not be found after three visits the clerk was interviewed. These people were informed that a survey of venereal diseases in the district was being conducted by the East Harlem Health Center and their opinion was asked as to the extent and prevalence of syphilis and gonorrhea in their neighborhood. They were then asked as to the number of prescriptions for venereal diseases sent to them by practicing physicians and the kind and quantity of proprietary remedies sold by them during a six months period. The conversation was then led up to the merits and demerits of these remedies, and the danger of self-medication or self-treatment and of treatment by an unqualified person. Each pharmacist was given a pamphlet containing a reprint of an article which appeared in the *Year Book and Guide of the Italian Pharmaceutical Association of the State of New York*, by Dr. Albert Pfeiffer, Director, Division of

Social Hygiene of the New York State Department of Health, entitled "Proprietary and Quack Remedies for the Self-Treatment of Venereal Diseases."

In this article Dr. Pfeiffer describes, among other things, an experiment he tried in Massachusetts during the war, in which the pharmacists in that commonwealth coöperated with him in refusing to sell fake remedies. The same article contains an appeal to all pharmacists in the state of New York to abstain from handling any of these proprietary or fake remedies and to assist the state's Department of Health in the promotion of early scientific and thorough treatment by a licensed physician, or a free clinic for everyone in the community infected with gonorrhea, chancroid, or syphilis.

After they had glanced through this pamphlet, the pharmacists were then asked whether they would agree to coöperate with the authorities of the East Harlem Health Center in a similar movement in this district.

Officials of the Italian Pharmaceutical Association of the State of New York were conferred with on numerous occasions in an endeavor to secure information, and also their coöperation, towards the accomplishment of the purpose in question. The Harlem district chairman of the New York Pharmaceutical Conference and officers of the New York Retail Druggists Association were also interviewed for the purpose of obtaining information on the subject.

Local practicing physicians, especially officers of the East Harlem Physicians Association, were solicited for any opinions or facts they might have concerning the treatment of venereal diseases by pharmacists in particular and all licensed practitioners of medicine in general.

The clinic records yielded the number of newly registered active cases from the district and vicinity taking treatment at the venereal disease clinic of the Board of Health of the City of New York during a half-yearly period in 1926.

From court records were obtained the addresses of women convicted for the practice of prostitution and other sex

offenses in that locality from 1920 to and including the first three months of 1927.

In addition, four foreign-language newspapers were examined for advertisements of so-called "specialists of blood diseases" and the advertisers interviewed. One of the so-called "Indian herb doctors," with headquarters in the East Harlem District but doing business throughout the city, was approached for information as to the kind of diseases his herbs are alleged to cure and his methods of doing business. Two other unlicensed practitioners were also visited.

Some 24 young men between the ages of 18 and 25 years, of the type of individual who, one might suspect, would indulge in promiscuous sexual intercourse, were spoken to unofficially and some of them furnished information regarding treatment received from pharmacists and others.

No attempt was made to secure what is known as "legal evidence" against pharmacists and others for practicing medicine illegally. This would have required "under-cover methods" and there was a danger that the investigator would be accused of double dealings, which would have hindered rather than helped any movement to get the druggists to agree to discontinue the sale of venereal disease remedies for self-treatment by the customers, and the treatment of customers back of the counters by the druggists themselves. As shown above, the information was obtained principally through interviews with other people and from admissions from the druggists themselves, and from records.

#### EXTENT OF VENEREAL DISEASES IN THE DISTRICT

The extent of venereal disease infections in this district is very difficult to estimate. The practicing physicians, the druggists, and others interviewed hesitated even to venture an opinion. One advertising "medical specialist of blood diseases," who is said to be treating venereal disease patients exclusively, had on his calendar seven cases of syphilis scheduled for treatment the week he was visited. He estimated



that he had about 100 venereal disease cases a year. During a period of six months in 1926, 38 new active cases from this district and immediate vicinity registered as free patients for treatment with the venereal disease clinic of the Board of Health.

No figures could be obtained from the pharmacists as to the number of prescriptions sent to them by physicians for venereal disease patients. Judging from statements made by physicians, by the druggists themselves, and by others, the extent of venereal disease infection in the neighborhood is much higher than might be expected. Of 46 pharmacists interviewed, 6 stated that venereal diseases in their neighborhood are increasing; 7 said they are decreasing; 23 said that they did not know. Of these pharmacists, 25 said that they have annually fewer than 100 sales of venereal disease proprietary remedies for self-treatment by patients; 9 said they were making over the counter over 100 sales of such self-treatment remedies annually; 12 could not or would not venture any figures. It is estimated that at least 25 per cent of the pharmacists in the neighborhood are prescribing for or treating venereal disease patients behind the counter. Three of these pharmacists admitted that they are prescribing for or treating patients; 24 pharmacists, although not admitting that they themselves treat or prescribe, stated that others are doing it. Taking these factors into consideration it is obvious that the total number of venereal disease cases could not even be estimated. Judged from the statement of one physician that "the doctors do not see a patient unless some local pharmacist has fooled around with him," the number of such cases would seem to be much larger than expected.

Over 20 per cent of all the cases from the entire city that apply for treatment at the venereal disease clinic conducted by the New York City Health Department state that before coming to the clinic they have been treating themselves or have received some medication from a druggist or other source than a physician. The patient comes to the venereal disease

clinic after his ailment has become far advanced by improper treatment, which makes his condition more difficult to treat and postpones his ultimate restoration to health. In addition these unfortunates, not having received proper instructions for precautionary steps to avoid disease, endanger and contaminate their wives, children, and others with whom they come in contact.

It may be interesting to note that out of the 38 new cases mentioned above receiving treatment during a six months' period in 1926 at the venereal disease clinic only 3 were born in Italy. This would seem a rather small proportion of patients of that nationality from a district where there is such a high percentage of that group, and where so many are said to be receiving treatment or prescriptions from local pharmacists. It may be assumed that the Italians of East Harlem either do not know of the free treatment facilities provided by the Board of Health, have not the time to travel downtown for treatment, or are better situated financially, or that they are receiving treatment or treating themselves in one way or another in their own locality.

#### PRACTICING PHYSICIANS AND DRUGGISTS

According to the Medical Directory there are in East Harlem Health Center district and vicinity 65 practicing physicians, of whom 43 bear Italian names. There are 46 drug stores in the same locality, of which 30 are owned by pharmacists of Italian extraction. It is estimated that in Greater New York there are about 10,000 practicing physicians and about 4,500 drug stores.

According to this, while in Greater New York as a whole there are 2.25 physicians to each drug store, in the East Harlem district the ratio of physicians to drug stores is only 1.5. This seems to indicate that if a drug store in the East Harlem district had to depend entirely on its income from prescriptions sent in by local physicians the druggist would be at a greater disadvantage than his fellow pharmacists in

the City of New York as a whole. However, this is but part of the story. Information from several sources was received to the effect that some of the druggists in this particular district (as is true of other sections of the city also) fill prescriptions which have been obtained by local residents from physicians miles away from the given drug store.

Among the physicians in this district there are 4 who advertise in the Italian daily newspapers. One of these advertising physicians has rather extensive display advertisements making statements that he treats blood diseases, gives intravenous injections, and does other things, all of which, experience has shown, camouflage real activities and are an evasion, if not a direct violation, of the law, which prohibits the advertising of treatments for venereal diseases. The other three advertise their business cards, which in some sections among the Italians is not considered unethical. It may be said that the first mentioned physician, who calls his office an Italian-American office, is not himself an Italian; neither are his assistants, with one exception; and this one Italian assistant, a masseur, is alleged to be practicing medicine illegally at the office of this physician. This physician is alleged to have purchased the medical office from a certain unlicensed medical practitioner, a fortune teller calling himself a professor, who has had difficulties with the authorities.

The following is one of the advertisements of this East Harlem physician, appearing in one of the Italian dailies of New York:

**SICK.** Learn where and how to be cured. Do you want to regain **HEALTH** and **FORCE** through up to date methods which have shown results? Come to the best Italian-American house of its kind in New York where your ailment will be analyzed and scientifically treated and where you will find yourself as in your own home.

Complete examination including a blood test, Haemoglobin for anemia, urine and X-ray and Fluoroscopic, \$3.00. Rheumatism, Sciatica, Neuritis, Lumbago, Diseases of the Stomach, of **THE SKIN**, Liver, Intestines, Kidneys, **DISEASES OF THE BLOOD** are treated radically without pain with **INTRAVENOUS INJECTIONS**. Piles without operation.

Aided by Italian Assistants.

Another advertisement of this doctor appearing in another Italian newspaper, translated, reads as follows:

DISEASES OF THE BLOOD. MEN AND WOMEN Radically treated without pain with INTRAVENOUS INJECTIONS. Blood Analysis, Diseases of the Stomach, Skin, Nerves and Rheumatism. Fluoroscopic and X-ray examinations. Files without operations. Aided by Italian assistants.

The physicians in the district complain of the local pharmacists and some say that they are treating venereal disease patients illegally. Some of the druggists in turn claim that the physicians do not care to coöperate with them in sending prescriptions to them to be filled, and that the physicians have themselves to blame if some of the druggists have to resort to selling remedies behind the counter and treating patients. A few pharmacists even believe that they are doing a necessary charity by helping the poor, and some think that they know how to treat venereal disease cases just as well as some of the practicing physicians. This trouble between the physicians and the pharmacists seems to be based largely upon the economic conditions of making a living.

There seems to be no doubt that some of the pharmacists are practicing medicine in violation of law by prescribing for or treating venereal disease cases. A fair estimate is that 25 per cent of the local pharmacists in this district are violating the law in these respects.

Of all the 46 drug stores in this district, 30 are owned by Italians, 13 by Hebrews, and 3 by other nationalities. Of the total number of druggists, 3 admitted that they issue their own remedies on venereal disease cases; 24 stated that other druggists are doing it, although they do not admit that they are doing it themselves; and in 9 cases information was obtained from other sources that they do prescribe. In 10 cases no information was obtained on this point.

Of 24 young men interviewed on the streets as to what they do and where they go for treatment in case of venereal infection, 8 stated that drug stores would give them something, 5 gave the names of drug stores where they had received

treatment, and 5 stated that they would go to a clinic or doctor.

On the question of proprietary and other quack remedies for the self-treatment of venereal diseases, it seems that the local pharmacists usually do not push or urge the sale of such articles, because the profit is small. They find it more profitable to prepare something themselves for the patient. Of the 46 drug stores, 40 stated that they do sell such remedies, 2 stated that they do not keep such remedies on their shelves, and 4 furnish no information.

Of the 46 druggists, 25 stated that the annual sales of such proprietary remedies are fewer than 100, and 9 said that they sell remedies in over 100 such cases.

Regarding the sale of proprietary remedies for self-treatment of venereal diseases, 34 drug stores stated that they would be willing to discontinue such sales if the other drug store owners in this district would agree to do likewise. From 10 drug store owners no definite answer was obtained, chiefly because the proprietors could not be seen personally. Only 2 drug store owners stated that they were not interested, which may not mean a definite denial to comply with such an agreement.

This practice is obviously not confined to the East Harlem Health Center district; no doubt similar conditions may be found in other sections of the city and country inhabited by foreign-born and colored groups. Many foreign language newspapers contain advertisements of charlatans, "medical specialists," druggists, and so-called chemical companies who advertise the sale of remedies for the self-treatment of the venereal diseases, camouflaged in order to evade the law, which remedies may be obtained through the mail. One New York Italian daily had among a score of medical advertisements the following:

For ailments of the skin and sick blood: No more painful and costly injections, but in cases of the worst infections of the BLOOD use the NON PLUS ULTRA of the Modern Remedies recommended by the most famous specialists.

This PRINCE OF REMEDIES is the most powerful known by science today. Its marvelous and permanent results are backed up by chemical and bacteriological analysis. It can be used by men and women with the maximum amount of safety and facility in every stage of the disease. Under the form of a suppository it is absorbed slowly in the blood without disturbance or loss of sleep and has a quick and beneficial effect. Apply only to ————— Drug Store, ————— Mulberry Street, New York. Hours: Monday, Wednesday and Friday 9-5; Tuesday, Thursday and Saturday 9-7:15; Sunday 10-1.

A letter was sent to this drug store in which it was stated that the writer was afflicted with syphilis and information was asked for a complete course of self-treatment. The following day this reply was received in Italian.

Dear Sir: S———— comes in the form of a suppository and is a remedy to be used via the anus and acts under the principle that it becomes absorbed in the mucous of the rectum and passes on into the blood.

One costs \$2.00, a complete treatment of 12 costs \$24.00, always payable in advance.

As a sample you can order only 3.

Another advertisement of this druggist in another Italian daily reads:

Diseases of Women and of the Blood and Skin Acute or Chronic are cured in a short time with little cost, without leaving your work and without the knowledge of anybody else, by using our well known ITALIAN SPECIALTY which has been proven successful in the past 20 years in thousands of cases like yours.

The tremendous success of our ————— of world fame is due to the special formula of its inventor Dr. ————— of the Royal University of Bologna. Therefore, disturbances of the urethra, cystitis, prostate glands, strictures, of the infected bladder, dirty urine, or burning urine, etc., under the strong action of the PRINCELY REMEDY which destroys germs disappear within a few hours. The S———— the Modern Remedy par excellence substitutes effectively for the painful and costly injections used for the cure of blood and skin infections and always brings results as chemical and bacteriological analyses of the blood have shown. If used via the anus in all stages of the diseases by men and women this remedy rich in phosphor and yoinbina has no rival in cases of extreme nervousness, nervous prostration and moral depression. INVALIDS, Have your hopes returned and regain life.

————— Drugstore  
 ————— Mulberry Street.

In another New York foreign language newspaper appeared this advertisement in the form of a testimonial which translated reads:

If I had continued taking medicine given me by other doctors I WOULD BE DEAD BY THIS TIME because they gave me useless articles. Regarding my health I notify you that I am well. \* \* \* \* \*

M. A., Oreana, Nevada.

This is what Mrs. A—— wrote.

For diseases of the uterus, vagina, white discharges, losses, ovary, etc., the remedy of Dr. ——— is successful in the majority of cases in reducing disease always preventing pains and operations. The treatment can be used at home with little loss of time. It takes about twenty days. The entire cure is sold for \$10.00 payable in advance. Booklet Free. Send orders to

Dr. ——— Remedy Co. P. O. Box —  
Hoboken, N. J.

A letter requesting information was written to this remedy company. The reply was a catalogue-booklet stating that a complete cure could be had in cases of acute and chronic gonorrhea by the use of three bottles of a remedy which would be sent by parcel post on the receipt of eight dollars, payable in advance; stricture could be cured by his urethral cylinders, which could be had for \$5.00; and "syphilis no matter in what stage" could be completely cured and "conquered" in forty days by the use of his "blood purifier," and four bottles of his remedy, essential for a complete cure, were offered for \$8.00, always *payable in advance*. In this instance "cases of syphilis which have been abused by the use of iodine and mercury treatments are especially solicited."

This catalogue-booklet partially translated reads as follows:

The results obtained from this famous and pure remedy are permanent and radical. This remedy contains absolutely no injurious drugs. \* \* \* Chronic and Acute Gonorrhea. This disease which is considered by many as a passing ailment of no importance is the most frequent one of communicable contagious Venereal diseases and without doubt is the most serious one on account of the grave consequences resulting from it. The ——— Remedy gives marvelous results. A few applications of this remedy are sufficient to eliminate and destroy the gonococci germs. (Germs which install themselves in the Urethra and cause Gonorrhea acute and chronic.) \* \* \*

Dr. P—— Remedy cures surely chronic and acute Gonorrhea even if the ailment is twenty years old.

The entire cure which consists of three bottles and which is sent by Insured Parcel Post on receipt of \$8.00 gives relief the first day it is used. During the

entire time the patient takes the treatment he can eat and drink anything he wishes. \* \* \*

Strictures of the Urethral Canals, the results of Gonorrhea improperly treated, are cured permanently and radically by the use of our Balsamic Urethral Cylinders which can be used easily by anyone before retiring and they cause no disturbance nor leave any burning pains. In twenty days by the use of this remedy in the Urethral canals the patients are completely cured. These Cylinders are sold in packages of twenty, sufficient for the entire cure, for \$5.00 payable in advance. \* \* \*

Syphilis: No matter what the stage is of this terrible but nevertheless common disease which creates so many victims among young people the PURIFIED BLOOD of Dr. P——— is successful in bringing marvelous results. No matter what treatments have been taken before this miraculous remedy is the most potent blood purifier ever known. The results obtained from it after a few days of treatment only have proven fantastic. It makes disappear redness of the skin or discharges, closes ulcers, viscous wounds in the throat, on the lips, in the internal and all other parts of the body. It makes stop pains in the bones and head, eliminates bubos, hardens syphilitic glands and gums, stops the falling out of the hair and eye-brows; forty days of treatment with this famous remedy is sufficient to conquer this dangerous disease.

It has especially been successful in cases of syphilis which have been abused by the use of iodine and mercury treatments. Our treatment can be taken at any season of the year without giving up work or habits. \* \* \*

A general cure of Dr. P——— Purified Blood treatment takes forty days. One bottle sold for \$2.50 and Four Bottles for \$8.00 payable in advance.

The leaders of the Pharmaceutical Associations are interested in bettering conditions and they may be counted upon to coöperate with any movement that might create a better understanding. They realize that some members of their profession are violating the law and by so doing are injuring the profession and the community as a whole.

Officials of the New York Pharmaceutical Conference, which is composed of most of the druggist associations in the city, have been referring to the proper authorities cases of druggists who were practicing medicine illegally and violating other laws. The conference is desirous, it is said, of coöperating in movements in which they can help in the eradication of these and other evils in the profession.

The Italian Pharmaceutical Association of the State of New York, which has separated from the New York Pharmaceutical Conference, has appointed a committee to devise ways and



means to bring about a more friendly spirit between their members and the medical profession. They also will take under consideration any plan of coöperation between the East Harlem Health Center and other interested groups to stop illegal or questionable practices by pharmacists.

As a result of the East Harlem survey, Doctor Louis I. Harris, Commissioner of Health of the City of New York, called a conference on October 28, 1927, of representatives of medical, pharmaceutical, civic, and social organizations, and state officials, for the purpose of discussing the problem of coöperating in the prevention of sales of remedies and the counter-prescribing for the venereal diseases by the unethical druggists in New York City, and of bringing about a better understanding and coöperation between the medical, pharmaceutical, and allied professions. Representatives of 22 organizations attended this conference and it was decided that the Commissioner of Health should appoint committees from the various organizations for the purpose of dealing with the situation.

In the East Harlem district the local medical society and other groups interested have already appointed committees, and activities are already under way. Conferences are being held; suitable posters are being distributed in public places; lectures are being provided for lodges and other groups in the district, measures are being put in operation to educate the masses on the evil effects of self-treatment for the venereal diseases, and to bring about further coöperation between pharmacists and physicians.

## EDITORIAL

## BIG BUSINESS AND BIGGER BUSINESS

One of the most highly considered and influential criteria of the value of a social change is its effect on the younger generation and those to follow. We make this claim despite the oft-repeated statement that the so-called hard-headed business man is vulnerable only to an argument based on terms of dollars and cents. Here is a myth easily refutable by any person who comes into frequent contact with business men in their offices, luncheon clubs, or homes. They *are* interested in business and wouldn't be of much worth to the world if they weren't, but their sparks of altruism are kindled readily by an appeal to aid in advancing social progress, if this appeal is logically presented. Sometimes they will shy at such words as "morals" and "reform." They resent "preaching" when it is too obvious but will listen, earnestly and intently, to ethical teachings led up to by pertinent facts.

A speaker, recently scheduled to address a large luncheon gathering of business and professional men and women, was advised by the club secretary to limit his discussion to "practical" matters. His subject, "The Value of Civic House-Cleaning," was one which lent itself to financial analysis, but his audience saved its greatest attention and applause for his statements regarding the value of a clean city in terms of health and character building for its children.

Some time ago a writer and an importer were Pullman companions en route from New York to Chicago. The former has been keenly interested in social hygiene for a decade and is well posted on the studies and program of work carried on. The latter was unfamiliar with them, having lived abroad for many years. The conversation turned to a newspaper item dealing with vice conditions in a city where political graft and commercialized prostitution were allied.

"They know *how* to handle those questions in Argentina and in France," said the importer, "and it's too bad we don't follow their example." His companion by expressing curiosity drew from him a rather garbled statement of the workings of reglementation and then refuted, point by point, the supposed advantages of that system. An hour or two later the two came together again and the writer asked his fellow traveler a few questions on his business ventures and his personal likes and dislikes.

"Paris was a most enjoyable city to live in," commented the importer. "My business profits were fine and my health most satisfactory."

"How did you happen to return to the United States, then?" queried the writer. "Were you compelled to for some reason or other?"

"No," answered the business man, "it was this way. My daughter was nearly fifteen and my son was nineteen—just ready for college—so my wife and I decided to bring them back home to the United States where moral conditions are so much better for them."

## SOCIAL HYGIENE BULLETIN

*Continuing the SOCIAL HYGIENE BULLETIN which was published  
as a separate monthly periodical from 1914 to  
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**General Assembly of International Union.**—Preparations are being made for a general assembly of the Union Internationale contre le Péril Vénérien, to be held on May 29th at Nancy, in France. This date and place of meeting have been chosen because a conference "On the Defense of Society against Syphilis" is to be held in Nancy on May 29, 30, and 31, 1928, at the call of a member organization of the Union—the Ligue Nationale Française contre le Péril Vénérien.

The American Social Hygiene Association has been invited to participate in the conference, and, as a founder member of the Union Internationale, is taking part in preliminary arrangements for the general assembly. Dr. Hanotte, of Paris, was asked by the Association to act as its delegate in the preliminary meeting held on January 21st in Paris, for the purpose of shaping the program and plans. It is hoped that Dr. Keyes will be chairman of the delegation to attend the general assembly in May.

The executive committee of the Union has asked each member organization to send to the headquarters of the Union a full account of the work it is doing, with copies of its posters, pamphlets, and technical publications, a complete list of its own and other approved films on venereal diseases being used in its country, a copy of its annual meeting proceedings, and a complete file of its journal. The purpose is to enable the Union to give each organization full information as to work being done throughout the world to fight or to prevent venereal diseases.

### ASSOCIATION NOTES

Before this last-minute note gets to the JOURNAL's readers the Annual Meeting will be over. Probably between 125 and 150 of the members and guests of the Association will have sat down together for the luncheon on January 21st—acceptances are coming in every mail. The mail and the telephone are both bringing suggestions for pertinent subjects which might profitably be discussed during Saturday morning's meeting, on Friday afternoon at 370 Seventh Avenue, or at the dinner of the Committee on States Relations and Activities on Friday evening. All signs point to the presence of the spirit of participation which transforms an annual meeting into a forward step.

\* \* \* \*

The JOURNAL hopes to publish in an early issue the addresses of Dr. Coleman and Professor Raycroft.

\* \* \* \*

All summer school work done this year in sex education in Negro schools will be done on an accredited basis. Toward this significant recognition of the value of the subject in the preparation for teaching,

Negro educationists have been steadily advancing for several years. During the summer of 1928 members of the Association's staff will give courses in Howard University, Tuskegee Institute, Hampton Institute, the State Normal College of Alabama, and Bluefield Institute, Bluefield, West Virginia.

\* \* \* \*

For three months Dr. Edith Hale Swift has been carrying on a social hygiene campaign in the Hawaiian Islands under the auspices of the Young Womens Christian Association, the Hawaiian Congress of Parents and Teachers, the public and private schools, and practically all church, civil, and social organizations of the Islands.

A beginning was made on September 1st in a meeting in Honolulu attended by 60 men and women, representative people who had signified interest; a series of conferences followed in which the general program and plans for the four islands were decided upon. Then Dr. Swift sailed to the island of Kauai, smallest of the four, the "garden isle" owned and controlled by a few wealthy plantation owners, and spent ten days in lecturing to parents and teachers, high school girls, high school boys, and clubs and other gatherings. One audience was a mixed group of adolescent girls and their fathers and mothers, largely Japanese, about 60 in all. Many audiences had in their inconspicuous back seats "observers"—mothers or teachers who were interested in seeing the work really done and watching its effect on the young people instead of merely theorizing about it or hearing theories.

The end of September and the beginning of October were spent on the island of Maui. As in Kauai, every child of upper school age and a large number of influential community leaders were addressed, and again the school audiences were largely of alien parentage, significant of the social problem the Hawaiian Islands have to solve—a group of small plantation islands with many residents from over seas.

Hawaii, the largest of the group, an island of sparse population with large distances to cover, kept Dr. Swift until October 16th, and 2065 people listened to her fourteen talks. Then she sailed for Honolulu, on the island of Oahu. That city and its outlying districts kept her busy until December 10th when she took the steamer for home, having given in eight weeks in Oahu 86 talks to audiences totalling over 10,000 pupils and about 6700 adults. In the four

islands together the talks numbered 136 and the audiences totalled 21,609.

In all the islands, but in Oahu particularly, the universal coöperation gave Dr. Swift's labor an effectiveness that makes the Association regard it as a highly profitable investment of three months. Adult groups were thoroughly representative both socially and educationally; comments were favorable; newspapers joined in the commendation, even editorially. As the ball rolled, far more requests for services came in than could be granted. Last days were spent in many conferences over ways and means of continuing the work in study clubs and otherwise.

The social situation in the Hawaiian Islands echoes the problems of the mainland, plus the great task of welding many races of widely varying cultures and social standards. It is further complicated by the presence of important United States military and naval posts and a large port. The population is less than 10% white (excluding military and naval posts), and about 75% Japanese, with the rest largely Chinese, Korean, Filipino, Portuguese, and native Hawaiian.

### BOOK REVIEWS

**LIFE AND THE STUDENT.** By Charles Horton Cooley. New York, Alfred A. Knopf, 1927. 273 p. \$2.50.

Undoubtedly Professor Cooley has decided firmly, with the walrus, that the time has come to speak of many things; simply and frankly he sets down his observations on these things as he thinks of them.

From a mind less keen and logical the results of such an attempt would be chaotic; from the pen of a professor steeped in the "Point one, point two, point three's" of the college course outline we might well expect a progression of diabolical sets of facts—well intentioned, but hopelessly dull. It is refreshing then to find that here is a college professor whose ardor for living and whose clarity of expression have been undulled by his academic environment.

"Roadside Notes on Human Nature, Society, and Letters," the book is subtitled. The field seems broad—the author ventures into reading and writing, art, science, school, the relation of man to his fellows—yet why not? He puts into his treatment of each of these subjects the same quality of genial wisdom, the same broad conception of

life as tremendously significant, of man's adjustment of himself to it—the important endeavor. "The life of every man," he says, "is a struggle to bring order and joy out of his experience." And again, "What we want, I suppose, is a developing, productive life for each man after his best kind, and for each group likewise."

Though he does not go further into the problems of eugenics, and only occasionally touches on the relationships of men and women as a separate problem, the whole broad vision of the author permeates the subject matter of the book; he seems less eager to divide life into distinct problems than to establish sound, fair-minded attitudes.

Students of life, in college or out, will enjoy this book. Some will disagree with part of Professor Cooley's calm summing-up of human tendencies and relationships. Others will probably skip the chapters which seem unrelated to their interests—that is the price the author must pay who attempts to house many topics under one title. But here is a book which one can read with interest and ponder over with benefit; the philosophy of the author is convincingly sincere and original.

G. A. Y.

**THE HUMAN BODY IN PICTURES.** A visual text of anatomy, physiology, and embryology. By Jacob Sarnoff, M.D. Brooklyn, New York, Physician and Surgeon's Book Company, 1927. 120 p. \$2.50.

This slender "Illustrated Textbook" on a large subject is one of the three parts of "The Human Body Series," the others being "Motion Pictures" and "Still Picture Films." The text appears to be made of the captions for the illustrations. These are taken abundantly from the last named. But there is not always a close juxtaposition of caption and cut. Some of the schematic figures are clear and helpful. Many of the others, notably the photographs of dissections, are inexcusably poor.

Good though the idea is that prompted this book, it is not new, and the reader, accordingly, has a right to expect a better performance than the author and publishers together achieve.

The last chapter—or "Reel"—concerns the reproductive system and human development. It is like the rest.

H. B. T.

## BRIEFER COMMENT

**BIRTH CONTROL**, Facts and Responsibilities; a Symposium dealing with this important subject from a number of angles. Edited by Adolf Meyer. Baltimore, Williams and Wilkins, 1925. 157 p. \$3.00.

A work dealing with varying views on the subject of birth control. Chapters treat on the subject from the standpoint of population, on religious and ethical aspects, in relation to public health and industry, and on some biological factors in the study of limitation of reproduction. The volume has a good index.

**CHRISTIAN LIFE SERIES:**

**I. CHRISTIAN LIFE PROBLEMS FOR YOUNG PEOPLES' CLASSES AND SOCIETIES.** By Harry Thomas Stock. Boston, The Pilgrim Press, c1927. 58 p. 35c.

A booklet intended for young people of high school age and their leaders, covering such subjects as the important problems faced in school life, care that should be exercised about friendships, on being a good sportsman, attitude toward laws, on Sunday observance, on what has the church to offer young people, on the wise use of money, on peace and war, on tolerance, and on being a Christian. Suggestions are given for conducting meetings, plans for discussion of the subject, and points to emphasize in concluding the meeting.

**II. THE PROBLEMS OF CHRISTIAN YOUTH.** By Harry Thomas Stock. Boston, The Pilgrim Press, c1927. 62 p. 35c.

The second volume in the Christian Life Series, planned for seniors and young people. A set of outlines for use of societies, classes, and free discussion groups. The subjects cover the following: Duties of young people to their parents; the question of right and wrong; conscience; freedom; prohibition reformers; the church of the future; what boys and girls want to find in their ideal of the opposite sex.

**EVOLUTION AND GENESIS.** By Karl R. Stolz. Boston, Richard G. Badger, 1927. 222 p.

The author, Professor of English Bible and Dean of Hartford School of Religious Education, states in the preface that "if our civilization is to survive, science and Christian religion must be unified. Science when wedded to mechanistic philosophy is an explosive which imperils society. Only spiritual forces can make our scientifically manipulated world safe." The book deals with the doctrine of evolution, the stories of creation, the problem of evil, the rise of the earliest civilization, the flood stories, the origin of races and languages, and the place of Christ in evolution.

**THE PRINCIPLES OF SANITATION; a Practical Handbook for Public Health Workers.** By C. H. Kibbey. Philadelphia, F. A. Davis Co., 1927. 354 p. \$3.50.

A non-technical book based on a series of lectures for sanitary inspectors on the cause of disease together with the means for its prevention. The chapters discuss ways in which various diseases are spread, modern methods of rural sanitation, an analysis of food in its relation to disease, and a study of the prevention of occupational diseases. Many illustrations, a bibliography, and a full index add to the usefulness of the book.



**SEX EDUCATION;** Education in Sexual Physiology and Hygiene, a Physician's Message. By Philip Zenner. Revised edition. New York, D. Appleton and Company, 1926. 134 p. \$1.50.

A revised and enlarged edition of an earlier work planned to create public sentiment in favor of teaching sexual hygiene and physiology for the purpose of preventing the social diseases by means of instruction in the right mental attitude and by imparting knowledge that helps to safeguard the individual. The first part of the book reports on work done in a Cincinnati school, giving the actual talks made to the students.

**THE WOMAN A MAN MARRIES.** An analysis of her double standard. By Victor C. Pedersen. New York, George H. Doran Co., c.1927. 176 p. \$3.00.

A frank discussion of marriage from the man's point of view. The author stresses the ignorance of biology and physiology, of social conditions, of venereal diseases, of the obligations and responsibility of marriage. The author states, "the single standard for woman is to decide before marriage that all its obligations are acceptable to her and then proceed to live happily with her husband according to them."

#### PUBLICATIONS RECEIVED

*Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.*

**ADMINISTRATION OF PRIVATE SOCIAL SERVICE AGENCIES.** By W. W. Burke, Chicago, The University of Chicago Press, 1927. 41 p.

**ANNUAL REPORT OF THE SURGEON GENERAL OF THE PUBLIC HEALTH SERVICE OF THE UNITED STATES.** Washington, United States Government Printing Office, 1927. 355 p.

**GLASGOW ROYAL MATERNITY AND WOMEN'S HOSPITAL MEDICAL REPORT FOR 1926.** Prepared by J. N. Cruickshank. Glasgow and Edinburgh, William Hodge & Company, Ltd., 1927. 74 p.

**HANDBUCH DER HAUT- UND GESCHLECHTSKRANKHEITEN—SOZIALE BEDEUTUNG BEKÄMPFUNG STATISTIK DER GESCHLECHTSKRANKHEITEN.** Compiled by H. Hecht and H. Haustein. Berlin, Germany, Verlagsbuchhandlung Julius Springer. 287 p.

**HEALTHY GROWTH.** By Alfred A. Mumford. New York, Oxford University Press, 1927. 348 p.

**STUDIES BY THE SUB-COMMISSION ON CAUSES AND EFFECTS OF CRIME.** Albany, J. B. Lyon Company, 1927.

A STUDY OF DELINQUENCY IN TWO RURAL COUNTIES. 48 p.

A STUDY OF THE RELATION OF THE DAILY PRESS TO CRIME AND THE ADMINISTRATION OF JUSTICE. 25 p.

A STUDY OF 201 TRUANTS IN THE NEW YORK CITY SCHOOLS BY THE SUB-COMMISSION ON CAUSES AND EFFECTS OF CRIME. 20 p.

**SUICIDE.** By Ruth Shonle Cavan. Chicago, University of Chicago Press, 1927. 359 p.

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## THE ATTITUDES OF GOVERNMENTS TOWARD FOREIGN PROSTITUTES

BASCOM JOHNSON

*American Social Hygiene Association*

A number of countries attempt, either directly or indirectly, to prevent foreign women from practicing prostitution within their borders. The direct methods are (1) exclusion of foreign prostitutes from the country and of women and girls destined for prostitution; (2) deportation of foreign prostitutes from the country; (3) exclusion of foreign prostitutes from licensed or tolerated brothels. The indirect methods are (1) the limitation of immigration; (2) the elimination of licensed or tolerated houses; (3) the repression of all forms of commercialized prostitution.

### A. *Direct Methods*

I. *Exclusion.* A large number of countries have laws or regulations capable of being applied to this end.\* The immigration officials of such countries generally admit, however, that their laws and regulations on this point are often evaded by foreign prostitutes and souteneurs. Such prostitutes have little difficulty in obtaining passports at home by claiming to

\* Argentine, Brazil, Panama, Canal Zone, Cuba, United States, Canada, England, Holland, Belgium, Poland, Germany, Hungary, Czecho-Slovakia, Egypt, Italy.

be artistes, couturiers, or modistes, or describing their calling by some other equally misleading term such as domestic or even housewife. Prostitutes claiming to be housewives are often able to produce false or even genuine marriage certificates as many of them marry and travel with their souteneurs. Immigration officials of countries of destination cannot go behind these passports. Their consuls, at points of origin, have not generally been able to penetrate these disguises when such women apply for visas and in a large and growing number of countries visas have been abolished. Some consuls have, however, advised the writer that they have occasionally refused visas to women whom everybody knew to be prostitutes or concerning whom they were able to secure confidential information from local police.

Immigration officials claim to have excluded some of these women on information received from time to time from stewards or other employees or from passengers on boats that these women were practicing prostitution on board or were believed to be destined for prostitution abroad, or were even being smuggled in the hold or elsewhere for this purpose. Prostitutes operating in cities or towns close to international borders are also somewhat easier to identify and therefore to exclude.

In the main, however, adult prostitutes appear to find little difficulty in evading immigration restrictions excluding prostitutes as such.

Immigration officials have been more successful in excluding foreign minors who were suspected to have been brought to their countries by souteneurs or keepers of houses of prostitution, or to be in danger of debauchery or dependency if allowed to enter. These exclusions have generally resulted from the careful investigations which are made in some countries of the proposed destinations and probable associates of all minor migrants before they are permitted to land.

II. *Deportation.* Among countries which deport women because they are prostitutes are Poland, Germany, Holland,

Cuba, Belgium, England, Hungary, the United States, and Canada.

The three main methods used are (1) the notice to leave; (2) the taking to the border; and (3) the expulsion by royal or other decree. In the last case the prostitute expelled is generally guilty of an offense if she returns.

No prostitute can be expelled from the United States except on order of the Secretary of Labor (a Cabinet Officer) and after a hearing at which she may be represented by counsel and produce witnesses if desired. When once expelled, however, she is subject to fine or imprisonment if she returns without permission. Canadians and Mexicans are, after the order of deportation has been issued, taken to the international border of the United States and placed in the custody of the authorities of their respective countries. Prostitutes who have come to the United States by boat are returned to their ports of origin on the boats and at the expense of the companies which brought them if they can be proved to have arrived in the United States less than five years prior to their deportation. If deported more than five years after arrival, or if the date of arrival is unknown, the United States bears the expense of such deportation.

While a considerable number of prostitutes in the aggregate are deported every year from the countries having such laws, there is reason to believe that only a small proportion of those who are deportable are actually deported. Of those deported a considerable number are known to have returned clandestinely, particularly when they are citizens of adjoining countries, and also in cases where no penalties are applicable.

The main reason for the failure of the authorities to deport more foreign prostitutes is that they operate clandestinely in countries having this policy and are, therefore, not rapidly discovered by the police. The same reason exists for the failure to prevent their return. They change their names, enter clandestinely, or return via another port or frontier station or after such an interval that the immigration inspectors do not remember them. It is particularly easy for

deportees to return to such large countries as the United States, to which hundreds of thousands of emigrants go every year.

Another important reason why this type of law is not more extensively used is that its operation is often very expensive. Governments are forced in many cases to pay the expenses of such deportations because there is no law such as exists in the United States requiring the transportation companies to bear the expense under certain conditions, or because it is often impossible to prove the conditions which would make the transportation companies liable. For example, in the United States it is frequently impossible to determine when and how the alien arrived in the country, and it is obvious that the transportation company which brought her must be identified before any company can be charged with the expense of deportation.

Egypt is unable to enforce such a law because the capitulations reserve this authority to the foreign powers.

Foreign prostitutes sometimes evade its operations by marrying nationals of the country of residence. This evasion is now prevented in the United States by requiring the wife to be naturalized as well as the husband.

Governments sometimes refuse to apply such laws in certain cases either because the women in question were very young when they came to their countries or because there is other evidence which negatives the idea that they were prostitutes before coming or that they came or were brought for the purpose of prostitution.

In spite of all these difficulties deportation laws are important in the prevention of international traffic, particularly overseas. Souteneurs and traffickers are not willing to spend large sums on uncertain ventures. They prefer to follow the line of least resistance and go to countries where profits are large and easily secured. When Cuba, for example, began in 1925 to deport foreign prostitutes and souteneurs, hundreds of these persons left Havana voluntarily for Mexico and South America where conditions were easier. Foreign women

find it difficult to secure clients when they do not know the language and have no sure and well-known abode to which these clients may come.

III. *Exclusion from licensed or tolerated brothels.* The only country known to have adopted this policy without at the same time providing directly for the deportation of foreign women is France. Even in France the authorities state that the method of dealing with foreign prostitutes amounts in practice to deportation. All foreigners who remain in France for two months must take out cards of identity or leave. Foreign women discovered by the police to be practicing prostitution are refused cards of identity and are said to be forced out of the country in this manner.

It is probable that some foreign prostitutes, particularly Belgians or Swiss, and to a less degree Italians or Spaniards, who speak French and whose appearances do not betray their nationalities, can operate clandestinely in the large cities such as Paris and Marseilles for some time before discovery. This would be less possible in the smaller cities and very difficult in the villages. Certain members of the underworld in Paris also claim to be successful in securing for such foreign prostitutes false birth certificates showing them to be of French nationalities. French nationality is also obtained by foreign prostitutes by marriage with Frenchmen.

It is clear, therefore, that a prohibition against the operation of foreign prostitutes in licensed or tolerated brothels would not alone accomplish a great deal, particularly in cities. It would, however, deter prostitutes from going to any country whose language they did not speak, particularly if those countries made serious efforts to prevent clandestine prostitution.

## B. *Indirect Methods*

I. *Limitation of Immigration.* Most countries, such as Australia, Canada, and the United States, which limit immigration give preference to certain classes of immigrants; this operates to exclude some prostitutes who might otherwise

enter. The United States, for example, gives preference in its quotas to the unmarried children under 21 years of age, the fathers, the mothers, the husbands, or the wives of naturalized citizens of the United States who are 21 years of age or over, and also to a quota immigrant who is skilled in agriculture, and to his wife and dependent children under the age of 16 years if accompanying him or if following to join him.

Canada selects its immigrants in Europe, and both Canada and Australia give preference to farmers, and especially to farmers with wives and children.

There are so many respectable persons belonging to the preferred classes above referred to that prostitutes, souteneurs, and other underworld characters are finding it very difficult to enter such countries through the regular channels.

Immigration limitations, however, have always resulted in attempts at clandestine immigration. Those attempts have been successful in countries like the United States which has thousands of miles of seacoast on the east, west, and south and a nearly equal extent of land frontier between the United States and Canada on the north and the United States and Mexico on the south. The Secretary of Labor, in whose department is the Bureau of Immigration, has been quoted repeatedly in the press as estimating that the clandestine immigration into the United States reaches the large total of 1000 persons a day, or 365,000 a year. As the number of immigrants admitted under the quota for the year ending June 30, 1926, was only 157,432, the estimated number of clandestine immigrants could be cut in half and still exceed the number of those coming in under the quota.

As the Canadian and the United States laws are very similar and therefore afford each other mutual protection, this clandestine immigration comes largely through Mexico and from other Central American countries which are used by Europeans as way stations. As foreign prostitutes may and do operate freely in most of those countries except Cuba, they could easily use them as bases of operation to enter the



United States. Comparatively few such women are, however, found among the thousands of clandestine immigrants who enter the United States yearly through these channels. On the other hand, a considerable proportion of the foreign prostitutes in certain other American countries admit having entered those countries clandestinely.

It might seem, as indeed a number of officials in countries of destination have maintained, that all governments should keep their prostitutes and souteneurs at home and not permit them to migrate to countries that do not desire them. This claim is not without justification, and if practical measures could be devised to accomplish this end many governments would no doubt give their adoption serious consideration. The refusal of governments to issue passports to their nationals who are known to be prostitutes or souteneurs has been suggested as such a measure. No government, however, has succeeded in making anything like a complete census of prostitutes and souteneurs. Even in countries which register prostitutes, at least 80 per cent of them escape registration and the remaining 20 per cent are a shifting group constantly changing and moving from place to place.

Any registered prostitute who finds difficulty in securing a passport because she is registered has only to notify the authorities that she has abandoned the life and then to continue her trade clandestinely in that or some other city for six months or more before applying for a passport. If she is successful in evading the police during this period (a comparatively easy matter in many countries) the passport authorities, even though she is recognized as a former prostitute, feel, in the absence of evidence that she is continuing the life, that they must treat her application in the same manner as that of any respectable woman of the community.

According to many prostitutes, they succeed in registering as such under false names and hence are not recognized as prostitutes when applying for passports, especially if they take the precaution to move to another city before applying.

The only criterion available for identification of prostitutes

in countries which do not register their prostitutes is an arrest and conviction for practicing prostitution. In some of these countries efforts are made to persuade such women to abandon prostitution, and rehabilitative measures, at considerable expense, have been devised to assist them. The assumption, therefore, that a woman who has been convicted even recently of practicing prostitution intends to continue in prostitution and is not therefore entitled to a passport is regarded in such countries as unjust and inhumane.

In some countries, like the United States, the granting of passports is centralized in a bureau located at the capital of the country, whereas records of the activities of souteneurs and prostitutes are contained in the files of courts, jails, and reformatories scattered over a vast territory in hundreds of cities, towns, and villages. Citizens or residents of the United States are not registered and can move freely from place to place without the consent or knowledge of the police. Prostitutes and souteneurs are of all persons most migratory. To discover whether a woman who applies for a passport is or even has been a prostitute would require such a long and expensive search through these records as to be quite impracticable.

For these and other reasons most countries make little or no effort to learn whether the applicant for a passport is a prostitute.

II. *The elimination of licensed or tolerated houses.* This measure deprives those foreign prostitutes who succeed in evading exclusion and deportation measures (where they exist) of a sure and stable market in which to dispose of their services. If they succeed in entering and remaining in such countries they must operate clandestinely. Large groups of prostitutes are so unattractive, so old, or so unintelligent that they cannot succeed as clandestines. Others suffer language handicaps, and all of them find difficulty in securing money for expensive trips to countries where there are no houses and the chances of loss are thus increased.

III. *The suppression of all forms of commercialized prostitution.* When to the closing of the licensed brothel a community adds the attack upon the disreputable rooming house, hotel, or apartment house; when cabarets, night clubs, and dance halls are no longer permitted to employ prostitutes as hostesses or entertainers, and the prostitute finds difficulty in plying her trade upon the streets—the problem of what to do with and about the foreign prostitute is no longer acute. The exploiters of such women, having left the business because its profits were destroyed by these measures, and the women themselves, finding little or no profit in such ventures, either stay at home or else migrate to some country which is glad to receive them or where profits are large, easy, and safe.

*Summary.* It is difficult if not impossible to isolate any one measure against prostitution, or international traffic, and estimate its value with any degree of accuracy. The reason is that governments which are opposed to prostitution, or traffic, do not confine themselves to any one measure but adopt and put into effect every measure that seems practical to them.

No one, therefore, can state exactly what has been the effect on houses of prostitution or on public morality in any country of measures relating to foreign prostitutes. In general the same public sentiment which has produced laws or regulations limiting the entry or operations of foreign prostitutes has resulted in laws and regulations limiting the operations of local prostitutes or houses of prostitution. Where this is not true, as in France, the regulation relating to foreign prostitutes is of such recent origin and the number of foreign prostitutes affected is so small that its effect is as yet invisible except perhaps in the colonies and protectorates, such as Algiers and Tunis, where foreign prostitutes are said to have been considerably reduced in number. Governments find it difficult to separate in principle the operations of foreign and local prostitutes. If one is bad for public morality the other is also bad. In so far as the arousal of public opinion against international traffic in foreign prostitutes has called attention,

as in Cuba, to general prostitution conditions and has resulted in improvements therein, it may be said that the attitude of governments toward foreign prostitutes has been the cause of these internal changes.

Theoretically houses of prostitution in most places can operate just as well with local women as with foreign women. The degradation of women and the corruption of the boys and men who use them can be as great in the one case as in the other.

Nevertheless, the foreign woman who is far from home and friends is more easily exploited and is a greater source of profit than the native woman. Also prostitutes of certain nationalities are regarded as far more valuable to the promoters of prostitution everywhere than those of other nationalities, and in so far as the former are limited in their migrations just so far prostitution as a business in countries of destination suffers and declines. Any measure, therefore, which limits the migrations of women for prostitution may be said to benefit public morality in such countries. Furthermore, if the demand for foreign girls could not be supplied it is reasonable to suppose that conditions in countries which had formerly supplied the demand would also be improved. Those inexperienced girls who are just beginning sexual adventures would be kept at home where their chances of avoiding prostitution as a career are ordinarily far greater than in foreign lands. Those girls who are already in the life would also have to remain at home where they would to a certain extent overstock the market and thus prevent the entrance of new ones, or, after becoming no longer attractive, leave the business and enter an honest calling.

## THREE VIEWS OF A YEAR'S WORK \*

### I

My share in this annual meeting is to summarize quite briefly the work of the Committee for the year.

The results of 7,212 different investigations were submitted in legal form after careful corroboration to Horace M. Sharpe, Assistant State's Attorney, for action as the law provides in the name of the State's Attorney on behalf of the People of Illinois. During the year 226 informal notices and 45 formal notices were laid before Mr. Sharpe, every one of which he approved and signed.

As a result of the Committee's work in furnishing competent evidence for use by the State's Attorney under the Injunction and Abatement Law, 211 vice resorts ceased operating during the year. A re-check of these resorts, made by new men during the last few days in December, disclosed that 9 of them had reopened. Of the 211, 78 were on the North Side, 117 on the South Side, and 16 on the West Side.

On the last day of December there were known to the Committee to be operating 120 resorts, against which we have been busy gathering evidence. Of these places 22 are hotels, 8 rooming houses, 1 a call house, 1 a parlor house, 4 unclassified, 84 flats. The same general divisions were maintained in the resorts closed. Upon this classification it is assumed that prostitution in Chicago has entered a new phase. Instead of the gilded palaces, the resorts now found are small, tawdry, and dirty. The tinsel elegance that flaunted itself in the public eye has faded into a shabby furtiveness.

Another indication of the furtiveness of vice in Chicago is that at 115 different addresses it was possible to secure

\* Addresses delivered at the annual meeting of the Committee of Fifteen, Chicago, January 23, 1928.

evidence of prostitution but one time, the condition having changed before another visit could be made to confirm the first observation.

The full provisions of the Injunction and Abatement Law were used once during the year when the three-story building owned by a keeper who had resisted all efforts to close the place as a vice resort was seized by the sheriff, the contents were sold at public auction to defray court and sheriff costs, and the premises were sealed for one year. It is very rare that the action of the Committee need proceed to this extremity. The realization on the part of keepers that this action is always possible, and on the part of owners and agents that every opportunity has been given them to protect their legitimate interests, usually results in effective abatement upon the first or informal notice. Of 2,100 cases handled by the Committee under the law it has been necessary to file final suit in but 65.

It is the settled policy of the Committee to present only conclusions which it is prepared to substantiate with competent and legal evidence. For that reason there is no statement in this report as to the total volume of vice in the city, nor of official or political protection, nor of the operation of vice rings and syndicates.

There appears to be a natural grouping of vice resorts in the twilight zones between business and residence areas. The records of the Committee will be studied during the coming year in an effort to throw light on the point.

There is no claim in this report that the problem on which the Committee is working will be solved in the near future. Progress has been made. Very great progress, indeed, may be honestly claimed. Significant changes have come about and it seems reasonable to expect that these will continue.

That the policy of the Committee in Chicago—which is also that of most large cities in the United States—of repressing commercialized vice is apparently being adopted to a greater or less degree by most of the nations of the world is indicated

by a report on the Traffic in Women and Children just made by the League of Nations.

Cities are classified in various ways. More often than we commonly care to admit, cities are known by the bawds they keep. To the end that this city of ours may become constantly better known throughout the world for its civic virtue, its soundness of progress, and its glory of opportunity, we, the staff, pledge to you, the citizens, whom we serve, all the energy and intelligence we have at our command.

CHARLES E. MINER

*Superintendent, Committee of Fifteen, Chicago*

## II

I once spent a very delightful vacation among the pine trees of the Ozark Mountains in Arkansas. There I first read "The Blue Flower," Dr. Van Dyke's charming book, in surroundings similar to those through which the inhabitants of "Koorma" journeyed to the "Source" of the water which refreshed and sustained their lives. The story of "The Other Wise Man" in this book thrilled me, and though at that time I knew nothing of Chicago's underworld and the sad situations of its women I was deeply impressed by the words heard by Artaban at the close of his life of service, spent in an unsuccessful search for the Saviour born in Bethlehem: "Verily I say unto thee, inasmuch as thou hast done it unto one of the least of these my brethren, thou hast done it unto me." Many years after this I found myself in Chicago, in the office of the general superintendent of police. The census of the vice districts was before me—long lists of women's names—names of lost women and girls. Could I go to them—down into the glare of the red lights? It seemed too dreadful a thing to do. Then the fragrance of pine came to me, and the words "Inasmuch as thou hast done it unto one of the least of these . . ." And I went.

Reviewing the work of 1927 in the Morals Court, perhaps

our greatest satisfaction is the feeling that we have in a small way been of service to the various branches of the city government that function there.

At the last annual meeting I spoke of the "repeating" in the Court—of the large number of young women who were coming in week after week; and I outlined a preventive program with which we were already getting good results. This program has been improved, we believe, during the year, and the results have been increasingly satisfactory. Chief Justice Olson has consistently assigned judges of the highest type to this court. It is coming to be an honor to be asked to sit in the Morals Court. During the year the American Legion has placed in each court-room a beautiful American flag. Personally, I feel that each judge sitting under the folds of this flag is defending his country valiantly in the never-ending warfare we wage against the sinister influences of the underworld, and I know that Lieutenant McCarthy and Major Hamlin would far rather face the enemy's guns in foreign lands than preside in this difficult court; but they have the grit to withstand pressure whether it comes from the upper or the lower social strata or from the middle plane of politics, and they fight on bravely.

Our amended program provides that no fines shall be imposed against women in the court. We do not wish to place an additional burden upon a girl who either because of the admonition of the Court or through the repressive measures employed has been led to give up her life of wrong-doing and again attempt to earn an honest living.

The case of a first offender, a young woman appearing in the Court for the first time and found guilty, is continued for 60 or 90 days. If she shows her appreciation of the leniency accorded her by not appearing in court again during this "good behavior" period she is discharged and no record appears against her name. At times permission to leave the city is given when these first offenders wish to go to their homes. If, however, the girl is arrested and found guilty during this



good behavior period, she is placed on probation for six months or a year and is required to report to the probation department every two weeks. If the girl violates her probation she is committed to the House of Correction for ten days. You can easily imagine the tremendous restraining effect this procedure has. In fact, I think we have in this part of the program one of the most effective weapons for the suppression of the cadet and the panderer. As long as women are only fined they will work for these men and give them their earnings, but our experience is that they draw the line on serving jail sentences. If the woman is arrested and found guilty again after having served ten days in the House of Correction the sentence is doubled. We do not have many of these; as a rule one ten-day sentence is enough.

The program further provides that all keepers, whether men or women, and all so-called "ropers" (men solicitors) and panderers receive commitment sentences. Men patrons only are fined.

During the month of November, 61 first offenders reported to the Court, having made good on the good-behavior continuance. At this time they are urged by the presiding judge to get regular, steady employment if they have not already done so. To a certain extent they are aided in their efforts to find work, but this service is not developed as well as it should be; it is one of the things that should receive attention this year.

It is noticeable in the Court from day to day that out-of-town girls appear. They are somewhat puzzled by the program. They expect to be fined and released, the treatment frequently accorded them in other cities. It takes them a little time to grasp the good-behavior continuance idea. The Court in admonishing them explains the program, and tells them if they persist in their lawlessness they will finally reach the Bridewell. It is this sort of thing that brings 61 girls into the Court in one month for a good-behavior discharge.

Perhaps the best illustration we have of the success of the

fight we have made on "repeating" is that of an incident which occurred last week. A personal friend of Mayor Thompson's took his family to the opera. The family alighted at the entrance to the Auditorium and the man took his car to a side street. Returning, he was solicited to prostitution within a few feet of the Auditorium entrance. The brazenness of the act in the early evening aroused his ire; he made for the nearest telephone, and called up the Mayor. Mayor Thompson immediately called the South Clark Street police station and personally directed the commanding officer there to clear the loop of street-walkers. The next morning the fourteen girls who had been arrested appeared in the Morals Court, and these fourteen, all known to us, constituted practically the remnant of the band of repeaters, numbering perhaps something less than 200, which infested the city eighteen months ago. . . .

Information having reached us that the police officers, clerks, and some of the judges were disregarding orders relative to the assignment of cases to the specialized courts, your representative, at Judge Olson's request, searched the records of the Branch Courts for the month of November, discovering that in all over 800 cases had been improperly assigned, 107 at the Pekin Court, 201 to the court at 48th and Wabash, and 248 to the Maxwell Street station; as Judge Olson said, "They were running a little Morals Court of their own at Des Plaines Street."

As a result of this investigation Chief Hughes issued a detailed order which was printed in the Police Bulletin; Judge Olson took the matter up with the judges of the Municipal Court, and Clerk Kearns with the clerks at the various stations. The Department of Health is also a beneficiary of this investigation as the young women charged with sex offenses in these outside courts escaped the medical examination required for all those coming into the Morals Court. . . .

Chief Hughes has a group of clean-cut, alert young policemen on his vice squads. They are enthusiastic and efficient,

ready to do team-work, and eager for results. A short time ago evidence of pandering developed in a case; the case was continued for investigation, and I offered my services and stenographic experience to the police sergeant who was to question the man and the girl. I was amazed at the intelligence and expertness of this young officer in his conduct of the examination. It surpassed much cross-questioning I have heard by able lawyers.

In closing let me emphasize again the desirability of the fingerprint identification for the Morals Court, that no injustice may ever be done an innocent person, and the enactment by the next General Assembly of a law licensing bondsmen and of a law prohibiting the assessment of fines against women in all cases of prostitution.

KATE J. ADAMS

*Court Representative, Committee of Fifteen, Chicago*

### III

This "Committee of Fifteen" exists to combat "commercialized vice." It does not, as a committee, concern itself with private morals or voluntary sins. It only says that it will fight the commercialization of vice—the exploitation of prostitution for profit. What a travesty on commerce it is, by the way, to use the adjective "commercialized" in this connection! Commerce implies an honorable give and take, benefiting both parties to the trade, but here is something which, the more it is exploited, the more it produces disease of body and degeneration of personality.

This meeting today marks approximately twenty years of progress in combating commercialized vice. Twenty years ago the segregated district was a tolerated institution, generally regarded as a necessary evil both in Chicago and in many other cities. The studies of various vice commissions, the research and writings of social experts like Dr. Flexner, Raymond Fosdick, and Jane Addams, the experience of the war, and the steady work of this committee have pretty com-

pletely changed the public attitude. What a commentary it is on that old bromide, "You can't change human nature," which used to be flung in the faces of the opponents of segregated vice! It was just because segregated districts were changing human nature—and changing it for the worse—that they had to go. No educator, and no advertiser, believes you can't change human nature. The only question is, in which direction shall it be changed? As far as this committee is concerned it is determined that men shall not be allowed, for the sake of private gain, either to educate in vice or to advertise or exploit it. Vice may continue, but at least it shall not be artificially stimulated by a market place and a profitable organization.

Such a battle is never ended. It is like Holland's eternal battle with the sea. Yet it is a battle which can be a continuous and growing victory, even as is the struggle of brave little Holland with her ancient foe. Each year sees new dykes and a larger area reclaimed from the devastating "old devil sea."

In this continuing battle the Committee of Fifteen serves in many ways. First of all, as a reinforcement to the public officials charged with administering the law. I am a pastor and I welcome volunteer help in running my church—couldn't do without it. So every honest public official will welcome sane and constructive help in the intricate task of war on vice. I am glad this Committee is able to report such coöperation.

But the Committee has also a task of research and study as well as mere enforcement. The problem with which it deals is an exceedingly intricate one. Commercialized vice is not a separate isolated phenomenon. It is linked to other social failures. Education, recreation, industry, religion—all have a share of responsibility. This Committee must not crystallize into routine, must not become a mere enforcement machine. Rather, it must keep a growing edge of study and research. It must continually challenge the meaning and significance of the thing it is doing. How do the facts brought to light tie

in to the success or failure of the schools? How far are inadequate recreational facilities and ideals responsible? How far is this evil the outgrowth of economic and industrial conditions which might be bettered? Could the religious forces be better mobilized to meet this problem?

I call you to a spirit of adventure. The men and women of 1911 adventured greatly when they launched the vice commission and challenged the long-established, well-entrenched system of segregated and commercialized social evil. We of this later day must not crystallize into routine. We must ever face our problems anew—build larger and better dykes far out into the sea and reclaim if possible larger areas of human life for decency and goodness.

ALBERT W. PALMER

*Pastor First Congregational Church, Oak Park, Illinois*

## EQUIPPING THE ADOLESCENT GIRL

HATTIE D. F. HAUB

*Berkeley, California*

A stolid looking little tent-maid in a summer resort began to talk one day and her story came out. She was married when she was fifteen. Her husband was ten years older than she, and was drunk most of the time. There was a little boy, four years old. "My mother didn't want me to marry," she said, "but I didn't know what I was doing and my chum and I ran away with two fellows and got married. Oh, how I wish I hadn't!"

Happily her story is more extreme than typical, but the stolid face and the wistful voice expressed something which is much too common in the bewildered process of growing up—understandings that come a little too late to be useful—decisions altogether childish, with consequences that are grimly logical and permanent. To eradicate all this "didn't know" and "wish I hadn't" and substitute for it real knowledge as a background for moral codes is the desire of all

adults in any way concerned with the welfare of the younger generation. Parents and teachers are working together toward this common end.

It was the writer's privilege, though at first it seemed an unwelcome task, to help forty-six eighth grade girls find answers satisfactory to themselves to the questions all young human beings ask.

The course of study for the eighth grade suggested as part of the term's work in science that worth-while health habits should be formed and information be given concerning the beginning of life. The members of the class were largely daughters of more or less skilled workmen. Some came from homes where the mother worked too, and where there was no time, even if the desire existed, to do more than see that the children were fed and clothed.

The girls, ranging in age from twelve to seventeen, were divided into two sections, and each section became an "Efficiency Club" with its own officers. To be efficient, one must possess certain habits. The girls talked about desirable habits and then gradually tried to acquire them. The secretary of each club kept a daily tally and every five weeks the girls who had been faithful in trying to form the habits decided upon had their names posted as honor members.

This account is too brief to discuss in detail the term's work, but a few illustrations will serve to show what was attempted. After pooling the class knowledge, the girls realized the inconvenience and often the real suffering caused by common colds. It was decided that they would do all in their power to avoid getting into a condition which made the catching of a cold a probability, and if by any chance one had a cold she would try her best not to give it to another. Among written suggestions handed in were the following from two of the duller girls: "You can avoid a cold by taking a bath offend." "If a person has a cold, do not kiss he or she."

To show how readily we gather bacteria without realizing it, the following experiment was performed. One girl had

one of her hands thoroughly washed by another member of the class, and then each hand was touched to one of two Petri dishes containing sterile nutrient agar. After incubation the plate touched by the just-washed hand showed about ten colonies, while the other, the one which had been touched by the apparently clean hand, showed over forty colonies. The striking result of this experiment caused the class to feel that forming the habit of washing the hands before "breaking bread" was indeed real wisdom.

One day an argument began as to who was responsible for an individual's habits. The question, they thought, could be answered if it were known just what habits a new baby possessed and how he acquired others. In order to find out how much knowledge the class had and to get some idea of their home conditions the following problem, to be discussed at home if so desired, was left with the girls, to be reported on the next day: "Suppose a new baby arrived in your neighborhood. If a small three or four year old child asked you where the baby came from, what would you tell him?"

The following day many girls were eager to answer the question. The first little student to speak, a serious, bright child who was the oldest daughter in her household, said, "Well, I wouldn't tell such a little child the truth because he might talk about it. So I would tell him that the stork or the doctor brought the baby." Immediately another girl, also serious and thoughtful, whose grandmother was a nurse, arose and asked, "Yes, but what would you do when someone outside told your child the truth? Perhaps it wouldn't be told in a nice way." Without hesitation the first speaker replied, "Oh, but I would choose my children's companions." Before she had really finished a voice from the front announced, "But maybe some big girl at school would tell her and you wouldn't know it." The owner of the voice, a well matured little negress, did not realize how much of her own experience she was revealing. A rather important little miss remarked, "I wouldn't like that to happen. I want to tell my child such

things myself, and I want to tell her the truth." Next a wiry, active youngster, with a sweet shyness rather foreign to her, volunteered, "Well, I'd want to tell the truth but I wouldn't want to tell too much, so I would say, 'God brought the baby'."

For about twenty minutes the discussion continued. Finally one girl said, "Miss ——, what do you think about it? What would you say?" These questions paved the way for an answer somewhat as follows: "If a little child under my care asked me such a question I would tell him the truth. I would want that child to have confidence in me always. At the same time I would try to implant an idea of true mother love by telling him that long before the baby could take care of itself in any way, God gave it into the care of its mother. She kept it with her day and night, safe and protected in her own body, and she spent many hours planning with loving care for the things the baby would need when it was developed enough to live its separate life."

A large, demonstrative girl jumped to her feet, and pounding one fist into the palm of her other hand, exclaimed, "You're right, Miss ——, you're right. You've convinced me."

The next day a little Jewish girl couldn't wait until the roll was taken before she began, "How old must you be before you can have a baby?" Upon being asked why, she replied, "Last night I read in the paper that at the Salvation Army Home a little girl only eleven years old had a ten pound baby boy. Is that true?" It was then explained to the class that not all of the organs of the body were perfectly developed at birth. Just as they knew that teeth erupted at varying ages, so they could understand that many organs develop and function as the individual matures. This day's discussion brought out questions concerning their own physical development and the beginning of the menstrual period.

In the succeeding days the structure of the human body was briefly presented; a skeleton, a torso, and Frohse's charts were



borrowed from the physiology class for demonstration work. An interested doctor offered to get a three months old human embryo for the girls, and after they had heard a talk about it, the embryo was brought to school. One morning it was announced that a surprise awaited the class. Some of the girls said, "Oh, did you bring the baby?" "When can we see it?" Upon being asked what they expected to see, one girl who had evidently seen some pictures of embryos remarked, "It won't look at all like a baby. It will just be curled up." Many of the children expected to see a baby a couple of feet long. A pair of keen eyes noted a small jar less than six inches tall on the demonstration table and the observer ventured a guess that maybe the baby had been in there. When that guess was said to be correct, interest grew to fever heat.

To avoid any unexpected disagreeableness it was recalled to the class that bacteria destroyed flesh that was not living, and so they could readily understand that the embryo had been put in a solution which prevented the growth of bacteria. This solution, formaldehyde, was not pleasant to most people and irritated the skin. The odor from the embryo was due to this formaldehyde. Moreover, they were told that the flesh would not resemble their own flesh but would look more like some of the specimens they had seen the biology students use.

The class was sitting in three rows and it was suggested that they take turns in coming around the table to examine the embryo, which had been put into a pan before class time. The first row came forward and as the cover was pulled back one girl let out a delighted squeal and exclaimed, "Oh, look at the darling little hands and feet!" The girls who were seated could wait no longer and they all rushed forward. Innumerable questions arose. Many of them had been anticipated. They concerned the length and structure of the cord, the consistency and use of the placenta, the development of the external sense organs, the relatively large head, the cause of the baby's premature birth, etc. But one was hardly prepared for such questions as "Does the mother know you have her baby?" "Doesn't she want it buried?"

Next day before class a small girl said, "I was telling my mother about our work yesterday. She said she had seen a six weeks old baby and she could tell its hands and feet, but the fingers and toes were not as plain as they were on our baby." The child was asked to repeat this to the class and a perfect babel of "My mother said . . ." began. So each child was given an opportunity to relate the home reaction. Apparently each child had told of her work at home, and the following reports were typical ones. A little Jewish girl reported, "My mother and daddy never talked to me about such things before. But last night we sat before the fire for a long time and they told me ever so much. They told me my big sister who married last year is going to have a baby soon, and I am so happy." Other children told of the interest their mothers had taken in their accounts and several expressed a desire to see the embryo. An immediate invitation was extended to all mothers to visit us any day they chose. One child's mother said, "You must have an interested teacher to go to so much trouble for you. You should appreciate all she has done for you." Still another said, "Daughter, wasn't it fine you could see that baby? Now you can understand that it develops much as a rosebud grows into a rose." The only adverse criticism reported came from an elderly spinster in charge of a branch library. She felt that things at school were in a bad way when little girls were not only allowed but actually encouraged to talk and read about the beginning of life.

In order to answer various questions as to why women were generally married before a baby came, the pollination of flowers was studied as laboratory work. Time permitted no more than a brief discussion about animal reproduction and a short lesson on heredity. Nearly all the girls knew something of this in an indefinite way but had not applied even what they knew to human beings. They now learned that, except in the lowest forms of life, all new individuals resulted from the fusion of two cells. Applying this to human

life, they found that men and women were essentially alike in ideals and sensations, and that each had given to him a sacred trust. In the mother's body was formed the ovum comparable to the ovule in the flower, while from the father's body came the sperm cell which was similar in function to the pollen.

Several after-school conferences were held with individual girls. It was felt that this part of the work was decidedly worth while. The course had opened a way to show why petting parties were undesirable and to emphasize the value of real girl and boy friendship. As a whole the class appreciated that sex, though that word was not used with them, was natural and splendid instead of vile and dirty. Each felt, to a varying degree, her tremendous potential power as the carrier of the inheritance of the past to a new generation.

## EDITORIAL

### FADDISTS

In many instances a faddist is the most genuine egotist alive. He does not believe in the adage regarding a little knowledge as a dangerous thing, at least in so far as applying it to himself is concerned. He dabbles superficially, here and there, in fields to which years of studious research have been devoted; is unduly impressed by the sophistries of other dabblers; and in a surprisingly brief period is ready and anxious to make cocksure dogmatic statements on even the most intricate matters.

The faddist usually enjoys posing as an iconoclast. He delights in smashing idols and ideals though he is wholly unable to replace either. He gives lip service to tolerance, but what he sees as tolerance in himself he sets down as bigotry when practiced by others. He prides himself on being an independent thinker, said independence oftentimes consisting mainly of a complete lack of association with basic facts.

Nor is he, as a rule, particularly interested in learning or applying these facts unless they happen to coincide with his opinions.

The faddist usually is among a small but vociferous minority. He is like the always-disgruntled villager who, on being asked his political affiliations, replied that he was "agin the ins." He can tear down orally most movements devoted to public betterment and most conventions evolved by society through the ages for the guidance of humanity, but he is at a loss when asked to suggest improvements or effective substitutes.

Some faddists are true to single hobbies and ride them exclusively; others flit from fad to fad and like to profess a working knowledge of every new ism soon after it appears. Some of our best known writing faddists will shatter a fountain-pen lance on virtually any school of thought, form of social organization, or report on researches, regardless of their limited knowledge of the thing advocated or attacked. They hold the belief that a clever though misleading epigram is worth much more than a simply stated truism. At times, also, they seem to think that mere reiteration of a fallacy, if blatant and continuous enough, will alter the fundamental falsity and transform it to gospel.

There are still some faddists on social hygiene who talk and write glibly advocating the need for irregular sex relationships as an antidote for the faults of monogamy, or the "milk cure" for syphilis, or the reglementation of prostitution as a valid measure for combating venereal disease, or other theories and abstractions to the soundness of which the great preponderance of scientific evidence is opposed. These faddists, whether publishing their material in illustrated magazines on body building for the masses or in periodicals aimed at the "intelligentsia," influence many non-thinkers in the course of a year. Probably they will continue to until higher factual standards are demanded from writers delving into fields where there are established facts. Opinions, at

best, are of value only in proportion to the knowledge possessed by the expresser and to his ability to apply that knowledge logically. The faddist usually lacks both of these essentials to sound reasoning and even his willingness to talk early and often will not remedy these deficiencies.

## SOCIAL HYGIENE BULLETIN

*Continuing the SOCIAL HYGIENE BULLETIN which was published  
as a separate monthly periodical from 1914 to  
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**Missouri Social Hygiene Association's Annual Meeting.**—The Reverend Alphonse M. Schwitalla, Dean of the St. Louis Medical School, was elected President of the Missouri Social Hygiene Association at its annual meeting held on January 23, 1928. Father Schwitalla succeeds Dr. Martin F. Engman, who has served as President of the Association for the past four years.

The Vice-Presidents elected were Dr. Ivan Lee Holt, Dr. Martin F. Engman, Mrs. Ira L. Bretzfelder, and Dr. Frances L. Bishop. Mrs. Joseph W. Lewis was reelected Secretary-Treasurer.

Directors added to the Board are Judge Franklin Miller, Dr. Park J. White, Dr. Benjamin May, Miss Edith Baker, Dr. G. O. Broun, and Dr. A. H. Conrad.

Father Schwitalla's address upon his election paid high tribute to the men who have preceded him in guiding the work of the association.

"We have an undoubted debt of gratitude to pay to the president now retiring, and I feel that Doctor Engman in leaving the chair of this association is doing so in the consciousness that during his administration the society has impressed itself in a most striking way upon the sociological activities of St. Louis and that under his leadership it has carried the banner for social purity with a challenging fearlessness that has commanded the admiration of all our prop-

erly minded citizens and that has put to rout the forces of social deterioration. It must be a matter of the keenest gratification to the founder of the Missouri Social Hygiene Association, Doctor Dodson, to survey what has come out of the humble beginnings of only a few years ago, and to see the promises of still greater results in the ambitious program of the next few years.

"And finally let me comment upon the broadminded, unselfish, and efficient service given us by our retiring secretary, Mr. Miner. We all know his place among the social service agencies of St. Louis, and we cannot do better, I am sure, than to preserve the attitude of coöperation and helpfulness with those agencies which Mr. Miner's ability established for our association."

Of the purposes of the association, he said:

"The inspiration to me in the work and program of the Missouri Social Hygiene Association lies in the fact that they touch the most fundamental of human interests. At the point where the fields of religion, ethics, economics, law, and biology converge, there the social hygienist places his laboratory and establishes his offices. In safeguarding the relations which constitute the family, the social hygienist is at the same time safeguarding the very foundation of the civilization in which we are living. Our present civilization is unthinkable except in terms of the family, and, therefore, any activity which is undertaken for the purpose of strengthening family relationships and, amidst the fluctuating opinions more and more prevalent in our day, of stabilizing convictions regarding the inviolable sanctity of the family, merits the fullest attention and the wholehearted and active support of every thinker. Surely an association which furthers such ends and places at the disposal of the community such a necessary equipment is well worth the time and the labor of the busiest and most brilliant of men."

Mr. Peter Kasius, the newly appointed executive secretary, spoke on "Trends in Social Hygiene." "In common with other social forces," he said, "social hygiene is passing into a stage in which more and more emphasis is being placed upon a scientific approach to social problems. We are passing from a period when our methods were dictated by the arts of 'salesmanship' to one in which we follow more closely the techniques of 'social engineering'. We are no longer content with a vague mass acceptance of what social hygiene has to offer. Unless social hygiene becomes a vital, creative community

force, and not a mere stereotyped prescription for avoiding moral pitfalls, it has little place in the present-day scheme of things.

"Our job calls for a careful and thorough regard for many kinds of facts. It demands a comprehensive understanding of the bases of social existence. It requires a sympathetic appreciation of the rôle of sex in the nurture of personality. It insists upon an insight into the social and cultural factors that aid in the development of sound character, the enrichment of community life, and the safeguarding of those values that give strength and beauty to civilized existence.

"It becomes the task, then, of social hygiene to discern clearly what these values are, and to develop, if necessary, new resources designed to make them function effectively under the stresses and complexities of modern life. We must ask ourselves very seriously whether social hygiene can do more than pass judgment on conventionalized behavior in terms of conformity or non-conformity, or whether it is capable of developing criteria and utilities that are useful in the sex-social problems that arise out of the fluidity of life as we find it today. If we have only an inflexible formula to offer, our efforts may become a futile gesture and before long we may face a condition of dismal ineptitude. On the other hand, if we are prepared, as I am sure we are, to revitalize some of the values that over-sophistication has come to look upon as a bit old fashioned, and to apply these values in the new situations that have arisen and to help bring about readjustments on socially acceptable levels, we will be placing ourselves in line with the needs and aspirations of a generation that is trying to discover whether life really can proceed from the individual outward. We face this challenge confidently, for we have the encouragement of our own experience as well as the contributions that have come from other sources, including the biological and social sciences."

Significant activities and accomplishments reported by the association during 1927 include among many other items the recognition of recreation as an integral part of the social hygiene program; a study of opportunities for commercial dancing in St. Louis and its immediate neighborhood; observations on conditions in the public parks and assistance given the Park and Playground Association in planning a membership and finance campaign; more than 100 lectures, among them lectures for student nurses at the request of the School of Nursing, Hospital Division, Department of Public Wel-

fare, lectures in the auditorium of the Washington University Medical School, on Parents' Problems, and an advanced course in social hygiene given under the auspices of the association and the School of Medicine, Washington University; a survey of vice conditions in St. Louis and arrangements made with the Morality Squad for action upon this information; information leading to the deportation of three foreigners convicted of pandering, and to continued raids upon a disorderly resort in the immediate vicinity of a social service organization whose building is constantly used by large numbers of young men and women, as a result of which the resort was vacated; a study of the availability of chemical and mechanical preventives of venereal diseases in St. Louis drug stores; a first step in separating the long continued confusion between disease and crime at the Municipal Clinic; and a plan for state-wide promotion of social hygiene in which the Kansas City Social Hygiene Society, the Missouri Social Hygiene Association, and other official and voluntary agencies throughout the state will coöperate.

**Report on Traffic in Women and Children Translated.**—News comes from the Tokio office of the League of Nations that the Women's Christian Temperance Union has undertaken to publish a Japanese translation of Part One of the Report of the League of Nations Committee on the traffic in Women and Children.

**Sex Education in Summer Schools.**—Summer schools in the United States which will conduct or are considering conducting separate or integrated courses in sex education for teachers during the approaching summer number 193. A check of data regarding such courses which has recently been made by the Division of Venereal Diseases of the United States Public Health Service gives the following information:

- 81 Do not plan to offer a separate course during the summer school session, but sex education will be included with certain established courses.
- 88 Plan to offer a course in sex education identified with certain established courses.
- 12 Plan to offer a course not identified with other courses.
- 12 Are considering a course in sex education for teachers.
- 3 Stated that if such a course were given it would not be identified with other courses.



- 3 Requested material for course but did not state whether or not such a course would be given.
- 15 Requested material although reporting that a course would not be offered.

**Accomplishments of the Commonwealth Fund.**—The general director of the Commonwealth Fund published on February 6th the ninth annual report of that fund, an endowment of \$38,000,000 administered in New York City and spent throughout the world. During the year, \$1,100,000 went to improve the health of American children. Part of this sum completed a five-year demonstration in Fargo, North Dakota, the educational success of which is suggested in the fact that Fargo's budget for 1928 allots \$1.13 per capita for health purposes as compared with .28 per capita in the year before the demonstration began. Another part paid for child guidance clinics, visiting teachers' work in public schools, and other mental hygiene developments and demonstrations completing another five-year program; the result has been the establishment of community clinics for the study and treatment of children's behavior problems in 11 cities and the organization of visiting teacher work in the public school systems of 32 states.

**North Carolina Study of Family Problems.**—The University Extension Division of the University of North Carolina is offering assistance to social workers and others interested in studying the institution of the family and its present day problems by making available a correspondence course on the subject. The course is based on a book by Dr. Ernest R. Groves entitled "Social Problems of the Family." It may be taken for college credit.

A modified reading course on the same subject has been outlined by the North Carolina State Board of Charities and Public Welfare. This course also is based on "Social Problems of the Family," and in addition three of the following volumes must be read: "Concerning Parents: A Symposium on Present Day Parenthood," published by the New Republic; "The Drifting Home" and "Wholesome Childhood," by Ernest R. Groves; "Broken Homes," by Joanna Carver Colcord; "Our Changing Morality," edited by Freda Kirchwey; and "Youth in Conflict," by Miriam Van Waters.

*Public Welfare Progress*, published by the North Carolina State Board of Charities and Public Welfare, calls attention to these two

opportunities and says that detailed information can be had concerning the first from the Extension Division of the University of North Carolina, and concerning the other from Miss Mary F. Camp, head of the division of county organization of the State Board of Charities and Public Welfare.

**Biological Education.**—"How Animals Care for Their Young," and "Community and Social Life of Animals," are among the subjects outlined for study in the third and fourth grades in a "Tentative Course of Study in Elementary Science" written by Gerald S. Craig, Associate in Natural Science in Teachers College and Instructor in Horace Mann Elementary School, and published by the Bureau of Publications, Teachers College, Columbia University, New York City. The course has been developed with the coöperation of the staff of the Horace Mann School, and many of its suggestions, says its author, have come directly from the classroom practice of these teachers.

In the section, "How Animals Care for Their Young," the objectives are stated as follows:

*Specific Objective*

To find out some of the ways in which animals care for their young.

*Larger Objective of Which This Specific Objective is a Part*

The place of parental care in the survival of the species.

The observations suggested include, among many, securing toad eggs or frog eggs from a pond in spring and watching them through the process of development; securing a male and a female white rat, keeping them in a box, providing materials for nest building, and watching the young till they are full grown; watching the nest-building activities of birds; keeping ants or bees in the schoolroom; comparing the story of the frog or toad with that of the cow; comparing the parental care of various animals with that of man.

Objectives of the study of community or social life of animals are "To know that some kinds of animals live in communities and coöperate with each other," and that "Species have survived because by adaptations and adjustments they have become fitted to the conditions under which they must live."

**Course in Parental Education.**—A training course in Parental Education is being given during the four weeks from March 12th through April 5th under the direction of the Child Study Association of

America, 54 West 74th Street, New York City. The course is designed for active and prospective leaders in the field of parental education. It consists of lectures by staff members of the Child Study Association and specialists in related fields, discussions, reference readings, field observation, and exchange of material and experience. The program includes the history and scope of parental education, the content of parental education, specific problems, and methods and techniques.

**A Personal Message.**—*Kansas City's Health*, the bulletin of the Health Conservation Association of Kansas City, has recently issued as a special edition a booklet similar to "Everybody's Problem," the bulletin published in Chicago by Dr. Herman N. Bundesen, president of the American Public Health Association, as a special issue of *Chicago's Health*. Through Dr. Bundesen's courtesy and generosity, says *Kansas City's Health*, the material was made available to the Kansas City Social Hygiene Society. As a frontispiece the booklet carries the following message:

*A Personal Message to the Citizens of Kansas City:*

For the sake of the love you bear your children, for their health and future happiness, heed the advice in this booklet. For your own peace of mind, do your duty by your sons and daughters.

Bringing children into the world is the least of your responsibility. To protect them from evil and raise them to maturity, well and strong, is the debt you owe them.

You love your children as I love my six youngsters and I speak to you personally as one parent to another. I feel as strongly as I speak. The holy spark of life in our charge is not meant for the little white coffin, nor for the home for the blind, nor for the asylum for pitiful, helpless, little idiots. Our daughters are not brought up to be childless with unsatisfied mother-longing tearing at their heartstrings, nor to be operated upon shortly after marriage, perhaps to become invalids for the rest of their lives. We do not bring up our sons to be crippled and maimed physically and mentally while still in youth and with the best of life before them.

My children's trust and faith in me is strong. They depend upon my experience to set them on the right road. And so do yours. Then tell them the truth about some of the great dangers of life, that they may be forewarned and forearmed. If you do this they and their children's children will bless you forevermore.

Yours in health,

HERMAN N. BUNDESEN.

**School for Delinquent Girls.**—The establishment of a probationary school for delinquent girls has been recommended by the teachers' council of New York City. The superintendent of schools has ap-

pointed a committee composed of women members of the supervising and teaching staffs of the city schools, to study the situation with regard to girls who present behavior problems.

**Spreading the Social Hygiene Program.**—The January *Public Health Workers Bulletin* issued by the State Board of Health of Kentucky contains the following:

#### SOCIAL HYGIENE

Many of the parents in your local Parent-Teacher Association have sons and daughters who in a surprisingly few years are to become parents themselves. Yet probably few of these present parents have thought seriously of the fact that in these increasingly complex times their children cannot hope to become better parents except with definite training for the job.

Social hygiene aims to train growing boys and girls to understand and to live wholesome sex relationships and to acquire the attitudes and ideals and standards necessary to a happy and successful home partnership. It aims at wholesome conduct based on accurate facts. It purports to give children gradually and appropriately the best of human experience regarding the wide range of associations that finally result in love, courtship, marriage, and children. It strives to separate the real from the shoddy, fact from hearsay, common sense from emotionalism. It aims to apply the best in education to these most important of human relationships.

If this aspect of social hygiene appeals to you as worthy of your consideration, may I make the following suggestions:

1. Put social hygiene on your list of topics for the coming year. It affords a great variety of materials for study and topics for discussion.

2. Use the pamphlets and library service of the Social Hygiene Association of Kentucky, which we will gladly furnish free of charge, as a basis for study and discussion.

3. If you cannot direct a social hygiene meeting yourself, write us and a speaker will be furnished you for the task; a sane, modern-minded person who will discuss sex relationships without bias and on a high level.

4. In your publicity for such meetings, and in the carrying out of the program itself, surround the topic with as much of wholesome atmosphere as possible.

Be assured that we shall be most happy to coöperate with you in developing a helpful social hygiene program for your community.

**A "New Social Passion" in South America.**—"A *new social passion* has appeared in recent years in South America. In the past, everything, including education, tended to exist for a privileged class. Even now the great problem of South American education consists in how to de-professionalize it, how to give it a new social value. But the socialization of the educational system is rapidly taking place. It

is being recognized that the aim of education is to prepare the pupil for life, not merely for a profession. One of the most distinguished pioneers of this new educational ideal is Dr. Antonio Sagarna, the present Minister of Public Instruction in the Argentine Republic. Sagarna is revolutionizing the spirit of education in that great republic. One of his chief endeavors is to fire the minds of the future citizens of his country with the ideal of living exemplary lives and of devoting their energies to perfecting some aspect of the nation's life.

"The primary-school teacher is rapidly acquiring a new dignity in South America. The greatest contemporary poet of the Spanish tongue, the Chilean Gabriela Mistral, herself began life as a school mistress in a little country school. I know of no more moving piece in present-day literature than Gabriela Mistral's 'Prayer of a School Mistress.' At last this long despised class has become vocal and begun to see a vision of the importance of their vocation. Who can measure the social results of this renaissance?

"Equally interesting and significant is the youth movement which first appeared in South America about ten years ago. In its beginning it took the form of a veritable students' revolution in many of the leading South American universities. The students demanded certain fundamental reforms, including the resignation of incompetent professors, and the modernization of the matter and methods of teaching in many of the subjects taught. It was necessary, they claimed, that the university should adapt itself to the needs and spirit of the new era. But in some universities the students did not limit their activities to securing greater efficiency on the part of their teachers; they themselves became teachers of the masses. I have never been in contact with a nobler, more idealistic, and more efficient movement than that inaugurated by a group of Peruvian students for the education of the working men and women of Lima. Students who had formerly lived an idle, sensual life became transformed into apostles of popular education. They devoted their evenings to educating the proletariat, achieving the most marvelous results. At the present moment there are student groups throughout the South American continent who meet once a week to study some of the fundamental problems connected with the social organization in their respective countries. Social justice is one of their watchwords. They are determined to give their lives to the cause of the oppressed. Never before

in South America's history have the hearts of blue-blooded South Americans beaten in unison with the groans of the exploited poor. The next ten or twenty years will witness many startling changes as the fires of this great new passion begin to consume the stubble of a withered social order."—From "Cultural Peaks in America," by John A. Mackay, *The Inquiry*, January, 1928.

**Immigrants in 1927.**—The 1927 report of the Commissioner-General of Immigration shows the admission of about 73,000 more males than females into the United States during the year. About 76 per cent of the total who came to the country, the figures showed, were in the prime of life, a term defined as meaning 16–44. In countries from which there was an excess of females over males (Bulgaria, Esthonia, Finland, Hungary, Italy, Latvia, Lithuania, Poland, Russia, Turkey, and Jugoslavia) the excess consisted chiefly of wives of citizens of the United States admitted as non-quota immigrants, and meant a re-uniting of families, a process which the *Immigrant* in noting the figures comments upon as heartily to be welcomed for social reasons and as likely to be repeated year after year as more immigrants become naturalized and are able to have their wives come on a non-quota basis.

**Summer Courses of Social Hygiene Interest.**—Among the courses to be offered in the summer quarter of the New York School of Social Work are announced one by Thomas D. Eliot on "Problems of the Family," including among other topics pre-conditions of family integrity, causes of family demoralization or dismemberment, problems of marriage, of social and mental hygiene, of family ethics, and of sex attitudes, and parental education as a phase of sex education; and one by Dr. Marion E. Kenworthy on "The Nature and Varieties of Human Behavior," in which the biological, psychological, and social foundations of human behavior will be discussed.

**Government Program in Canada.**—To stabilize venereal disease control work in Canada, the government has made grants to the provinces totaling \$100,000 yearly for a period of five years dating from 1927, these grants to be met by equal amounts from the provinces. This means that \$200,000 a year will be spent on the official venereal disease program for the next five years.

**Ninth International Congress of Psychology.**—The Ninth International Congress of Psychology will be held at Yale University in New Haven, Connecticut, U. S. A., probably in August or September, 1929. It is expected that this, the first meeting of the Congress in America, will be truly international in character. The Americans hope that the appointment of some foreigners for lectures and lecture-ships can be arranged.

**Children Born Out of Wedlock.**—Connecticut has amended the law relating to the support of children born out of wedlock, providing that the selectmen of the town of residence of a child for whom an order of support has been issued shall have general supervision of the child during the continuance of the order. The Hawaii law relating to children born out of wedlock but legitimated through the subsequent marriage of their parents was recently amended by a provision that any such child is to take the family name of his father and may have his birth record amended to make birth legitimate and to show such name.—*Fifteenth Annual Report of The Chief of the Children's Bureau.*

**Marriage Laws Passed During 1927.**—Minnesota raised from 15 to 16 the minimum marriage age of girls, permitting the juvenile court judge, after investigation, to authorize the granting of a license to a girl of 15. Pennsylvania raised the minimum age of marriage after October, 1927, to 16 years for both parties, with a proviso that the judge of the orphans' court, in his discretion, may permit the issuance of certificates to persons under 16. A Pennsylvania bill, which was vetoed by the governor, would have permitted the minor party or parties to a marriage for which the license was illegally procured and to which no children had been born to have the marriage declared void. New York enacted a law making it compulsory for the clerk issuing the marriage licenses to require documentary proof of age of persons under 21. California passed a measure requiring publication or posting of a notice of intention to marry at least 10 days and not more than 30 days prior to the application for a license.

The Governor of Oregon vetoed a bill to repeal the 1925 law which declares that when two persons cohabit for more than one year and children are born as the result of such cohabitation the parties shall be deemed married. The Governor of Wisconsin vetoed a bill to

amend the marriage law by omitting the requirement that county clerks must post notice of application for a marriage license.

In addition to those already noted, bills to increase marriage restrictions in regard to age, consent, health requirements, and publication of notice, or in regard to stated intervals between application for and granting of licenses, were introduced but failed to become law in Arizona, California, Idaho, Illinois, Iowa, Kansas, Maine, Minnesota, Nevada, New Hampshire, New York, North Carolina, Ohio, Oregon, Pennsylvania, South Dakota, Washington, and West Virginia.—*Fifteenth Annual Report of the Chief of the Children's Bureau.*

**Alcoholism Among Parents of Juvenile Delinquents.**—"Accurate information as to the social effects of prohibition," says the Fifteenth Annual Report of the Chief of the Children's Bureau, "is for several reasons not available. The collection of such information presents great difficulties. The period of time is too brief for general conclusions, and in the absence of comparable data over a period of time determining which of several factors is responsible for social changes, becomes practically impossible. Because data were available in Boston for comparison between present and pre-prohibition conditions the bureau undertook a study there with a view to determining what is the incidence of alcoholism among the parents of delinquent children and whether this complicating factor in juvenile delinquency is an increasing or a decreasing problem. The group chosen for study consisted of 2,378 delinquent children referred by the Central Boston Juvenile Court to the Judge Baker Foundation clinic during the eight-year period from July 1, 1917, to June 30, 1925. This group was selected for study because the records of the Foundation afforded comprehensive information about the family life of the children coming to the clinic. Furthermore, the children examined in the clinic represented those who had come to the courts because their behavior presented some serious problem.

"The records of these children showed that 41 per cent of the fathers and 7 per cent of the mothers were reported to be alcoholic. Although the information obtained showed no relation between the type of offense for which a child was brought to the court and intemperance on the part of the parents, alcoholism of the parents was associated with the number of times a child appeared in court. Repeaters—that is, children who were brought into court more than once—were more



likely than first offenders to come from homes in which alcoholism was a problem.

"Since alcoholism of the parents is an added complication in the treatment of juvenile delinquency, in that it seriously affects the coöperation to be expected of the parents in the treatment that the court decides is necessary to correct those habits held responsible for the child's delinquency, it is important to discover whether or not it is an increasing or a decreasing problem. Investigation of this phase of the subject took two forms—a study of the persistence of alcoholism among fathers whose past records could be compared with their present habits, and the analysis of the proportionate number of the children referred to the clinic in each year from 1917 to 1925 whose fathers had been alcoholic. The results of this inquiry show that 29 per cent of the men studied who were alcoholic in 1918–19 were not alcoholic in 1924–25. Evidence of a decrease in alcoholism is shown also by the change in the rate of alcoholism among the fathers in different years. The highest rate (41 per cent) was for the year ended June 30, 1919; the lowest (16 per cent) was for 1921–22. The rate in 1924–25 (23 per cent) was somewhat higher than for 1921–22 but definitely lower than that for the pre-prohibition period."

**The Child is the Future.**—This slogan the Children's Bureau of Philadelphia prints at the top of the cover page of its Twentieth Annual Report, recently issued. The report emphasizes that if Philadelphia is to have less juvenile delinquency it must give consideration to these among other factors:

1. The necessity for more adequate support for family and health welfare work, with the view to keeping families from breaking under the pressure of poverty.

2. A careful discrimination as to the various causes which contribute to the maladjustment of each child. Pure delinquency is rarely found. It is generally mixed up with and often caused by ill health, lack of recreation, retarded mental development, inadequate family income, and lack of spiritual and aesthetic opportunities.

The Bureau regards the schools as supremely important in preventing juvenile delinquency, and the good social worker as not to be substituted for the socially minded and understanding teacher.

Among causes of truancy are named incompatibility of parents, broken homes, and the poor work of social agencies.

"In each generation," the report comments, "there are certain people who discover anew the suffering of people. Unless they have had explained to them the right and the wrong way of helping they are very prone to recreate the most obvious and therefore some of the least desirable methods of care to meet the problem at hand. Hence the need for a constant re-education of the community as to the essentials of good social work."

**The Great Imitator.**—The Metropolitan Life Insurance Company has issued from time to time booklets dealing each with a particular disease or menace to health or a particular phase of healthful living. The latest addition to the series is a booklet on syphilis. The title is "The Great Imitator."

The booklet was preceded by a full page advertisement appearing in a number of the most widely read monthly and weekly periodicals. The advertisement, headed by a drawing by W. T. Benda which commands attention on the cover of the booklet, makes a brief, telling statement of what syphilis is. The following are a few of its sentences:

"Hiding behind a mask, man's most dangerous enemy strikes in the dark, and adds two out of every thirteen deaths to his score."

"Syphilis is responsible for more misery of body and mind than any other disease."

"Because of fear and ignorance, countless millions of victims have been wickedly imposed upon and hoodwinked by quacks and charlatans."

"The United States Government took a brave step forward during the Great War and told our soldiers and sailors the truth."

"It can be cured by competent physicians if detected in time and if the patient faithfully follows the scientific treatment prescribed by his doctor."

"It is a helpful sign that the best educators deplore the old habit of secrecy and urge widespread knowledge and frank instruction."

Statistics are given in support, and a final paragraph says, "The Metropolitan Life Insurance Company will gladly mail, free of charge, its booklet 'The Great Imitator.' You are urged to send for it." After this follows the signature, "Haley Fiske, President."

The divisions of the booklet are headed, "What Causes Syphilis," "What About the Children?" "The Great Imitator," "The Course

of Syphilis After Infection," "Syphilis Can Be Cured," "The Consequences of Syphilis," "The Value of a Health Examination."

The Metropolitan Life Insurance Company is spending many thousands of dollars in this effort to publish facts and thereby aid national work against syphilis.

The American Social Hygiene Association appreciated the opportunity to cooperate in planning both booklet and advertisement. The booklet refers its readers to the Association for other literature on the subject.

**International Conference of Social Work.**—An International Social Welfare Fortnight is being arranged to take place in Paris July 2 to 13, 1928, under the patronage of the President of France. Its four events are to be a Housing Congress, a Congress of Public and Private Welfare, a Child Welfare Congress, and, closing the fortnight, an International Conference of Social Work, July 8th to 13th. The social work conference is being organized by an international committee working through national committees in some forty countries. Five sections of the conference will deal each with a special phase of social welfare; in addition to sectional meetings programs are being arranged for five general sessions of the conference and for a final joint session with the three congresses.

Mr. John A. Kingsbury, secretary of the Milbank Memorial Fund, who as official representative of the National Conference of Social Work attended a meeting of the organization committee held recently in Prague, says it is estimated that more than one thousand delegates will represent the important social and welfare organizations of this country in Paris in July.

**Social Hygiene Progress in the Philippines.**—For two years the department of sociology in the State University of the Philippines has offered its students a course in social hygiene. The course extends over one semester, occupies from twelve to eighteen lecture hours, and is accredited for graduation. Its students come largely from the colleges of law, education, and engineering; they are always numerous. The entire student body of the university numbers about seven thousand.

Dr. Rebecca Parish, of the Mary Johnston Hospital, Manila, who gives the lectures, says that she now continually meets in the schools

of the Philippines teachers who have taken the course and who speak with great earnestness about its value to them in their teaching, not because they themselves are attempting formal sex education courses, but because it has furnished them a background of understanding upon which they constantly draw in their teaching.

In over twenty years of residence in the Philippines as a medical missionary Dr. Parish has lectured to more than fifty thousand students. Her many lectures and courses of lectures in the schools in response to increasing requests led finally to the establishment of a series in the university under the department of sociology definitely trying out the question of presenting sex education to the more mature Filipino youth and adapting American material to their traditions and their needs. The results, the university authorities felt, amply justified continuance.

In the fight against commercialized prostitution in the Philippines the successive young people who have listened to Dr. Parish's lectures through the years have taken an effective leadership. In 1918 the red light district of the city of Manila was closed by the Mayor. In 1924 an agitation was started to reopen it. The uprising of the younger leaders in educational, political, social, and religious circles to defeat any such attempt was immediate, striking, and successful. The district has not been re-established.

**Paternal Transmission of Syphilis.**—In the *Urologic and Cutaneous Review* for November, 1927, Johan Almkvist, M.D., of Stockholm, discusses the question whether the transmission of syphilis to the fetus by the father has been demonstrated to be impossible. After a careful review of the history of the view held by a majority of physicians that paternal transmission is an impossibility, he submits five cases from his own observation which appear to give testimony on the other side. In one the period of observation has lasted for nearly twelve years; the others he regards as less weighty because the observation period was shorter. His conclusion is that "for all of the reasons which I have submitted I am compelled to find that it is within the sphere of possibility that paternal syphilis through the sperm can infect the fetus without the mother having syphilis. It is another question whether or not this possibility actually occurs. . . . The result of my examination of this question I shall be willing to sum up

in the following words: The dogma about the impossibility of a paternal transmission of syphilis stands in great need of revision."

**Protest Against Removal of Dr. Bundesen.**—As an aftermath of the dismissal of Dr. Herman N. Bundesen, former Health Commissioner of Chicago, and his replacement by Mayor Thompson's personal physician, a public statement has been issued by a number of leaders of public health work in the United States, protesting against the influence of politics in matters affecting the public health and welfare of the people at large.

Not only has Dr. Bundesen been eliminated from Chicago's Health Department, says the American Public Health Association, but also his principal assistants, J. C. Geiger, M.D., deputy health commissioner, Arthur E. Gorman, chief sanitary engineer, and I. S. Falk, Ph.D., director of surveys, who like their chief are eminent sanitarians.

The statement issued, bearing the signatures of eminent persons, including two university presidents, is as follows:

"The undersigned workers in the field of American public health desire to express an emphatic protest against the action of the Mayor of the City of Chicago in replacing Dr. Herman N. Bundesen, the Health Officer of that city, by a physician who, whatever his personal standing, is without apparent qualifications or experience to fit himself for the discharge of the serious duties of the office in question.

"Permanence of tenure for competent health officials is an absolutely essential factor in the protection of the public against preventable disease; and the case in question seems particularly flagrant in view of the extraordinary record of Dr. Bundesen, whose brilliant services have aroused nation-wide admiration. Sacrifice of lives of citizens of Chicago to political exploitation and personal whims is more than a local matter, since unsanitary conditions in one community may react upon an entire continent.

"The action of the Mayor of Chicago strikes a blow at the most fundamental principles of good government. It should meet with prompt and vigorous rebuke from all people of Chicago who care for the reputation of their city and it should stimulate citizens everywhere to see that city charters are amended so as to make such interference with good health administration impossible in their own communities."

**Reference Books on Preventable Diseases.**—In the Public Health Division of the Municipal Reference Library, 505 Pearl Street, New York City, books on public health are available for the use of city employees, both for reference and for circulation. The library is on the sixth floor of the Department of Health Building.

The New York Public Library publishes a weekly bulletin under the title "Municipal Reference Library Notes," for circulation among officials and employees of the city of New York, announcing and briefly characterizing new books. The issue for December 28, 1927, is a public health number. Twenty-one titles are listed under "Preventable Diseases," among them "Modern Clinical Syphilology," by Dr. John H. Stokes.

**From Broken Homes.**—A recent study of the population of Joliet penitentiary showed that thirty-five per cent of the inmates had histories of homes broken by the time they were ten years of age by death, divorce, or separation of their parents; forty-eight per cent were from homes broken by the time they were fifteen. This statement is made in the December, 1927, issue of *Welfare Magazine* by Walter B. Martin, psychiatrist and mental health officer at the Illinois state penitentiary, Joliet. But the writer continues: "Such statistics are of no real value in determining the causes of behavior difficulty in an individual case. It has been upon just such generalizations, however, that the most commonly accepted theories explaining criminal behavior have been based. It is through a study of the arrangement and variation in these and other factors in the life of any one man that the explanation of his behavior will be discovered."

**Child Guidance Council for Great Britain.**—A clinic for the treatment of difficult, delinquent, or maladjusted children similar to those financed in the United States by the Commonwealth Fund is to be established in London by the Child Guidance Council recently formed there to advance the cause of individual case study in child guidance throughout Great Britain. The Commonwealth Fund is financing the new council by an appropriation sufficient to cover its expenses up to the autumn of 1928. A group of well known medical and social child-welfare workers are to visit America to observe child guidance schemes in action here, and provision is made for the training of social workers

and for a year's services of two psychiatric social workers in existing clinics in England.

*Weekly Notes on Child Welfare Topics*, compiled by the United States Children's Bureau.

**Epidemic Syphilis in Haiti.**—An article in the *American Journal of Syphilis*, October, 1927, discusses the epidemic type of syphilis, generally overlooked by public health officers and sanitarians in their interest in the venereal type. The authors, Captain C. S. Butler, M.C., U. S. Navy, Director of the Public Health Service of Haiti, and Lieutenant Commander E. Peterson, M.C., U. S. Navy, Assistant to the Director, have made their observations in Haiti, where they find the two types well defined. The epidemic type operates among primitive peoples. The method of transfer from one individual to another "is usually non-sexual"—the disease is innocently acquired; the victims are usually not treated specifically because the diagnosis is usually incorrect; the skin and bone lesions are usually severe. "Lest some one make the discovery," say the authors, "that we are talking about yaws and calling it syphilis, we confess that when we speak of epidemic syphilis or syphilis of the country districts we *are* talking about the condition which most authorities on tropical medicine call by the horrible name 'yaws'."

"A very high percentage of the rural population of Haiti," the article continues, "shows either gross evidence of syphilis or gives positive serum reactions. Syphilis is by all odds the most damaging disease we have to deal with in the Republic." Therefore the Public Health Service decided two years ago to carry treatment into every settlement in the Republic and to treat by all available means every Haitian who could be found suffering from the disease. Dispensary service was instituted, through a system of rural clinics. The effect is showing in a lowered incidence of early and infectious cases. But "it will take many years," the writers conclude, "to lower the incidence of treponematosiis in Haiti to a figure comparable to that which obtains in the population of the United States generally, for the omissions and mistakes of three centuries cannot be rectified in a day."

**Sex Education.**—Children should be told the elementary facts of reproduction and the origin of plant and animal life before they are five or six years of age, declares Dr. Benjamin C. Gruenberg, managing

director of the American Association for Medical Progress, in setting forth his views on sex education in *Children, The Magazine for Parents*.

As for the necessity of telling children the facts of life, Dr. Gruenberg expresses the opinion that it is utterly impossible, from a practical viewpoint, to keep the normal child entirely and permanently shielded from acquiring information about sex and reproduction.

He insists that the child should get his knowledge regarding matters that have a vital meaning for him from those in whom he can trust, and from those for whom he has affection, from those who care what happens to him.

**Parents' Exposition.**—Plans are under way for a Parents' Exposition to be held in the Grand Central Palace, New York City, April 21–28, 1928. The proposed general objective, as stated by Mrs. B. M. L. Ernst, chairman of the Exposition committee, is “practical application of modern education.” Individual exhibits will feature or demonstrate “better physical conditions for children, closer contact between parent and child, looking on the child as a social unit, attitude towards vocation, and education for character development.” Films, demonstrations, discussions, lectures, charts, and displays will be the methods used for presentation of their results by organizations which have conducted expert research in child study, child health, education both of children and of parents, and recreation. It is promised that outstanding experts in each field will conduct demonstrations or lead discussions, in conference rooms provided for that purpose; that authorities will interpret the latest research and practice in the field of modern educational devices; and that no parent seeking enlightenment in any phase of the modern school's curriculum will leave the Exposition with his question unanswered.

**Venereal Diseases in Norway.**—Notification of venereal diseases is compulsory in Norway under the Law of 1860. The poor are entitled to free medical treatment and the Health Councils may demand the isolation of such patients and institute inquiries as to the source of infection. In the larger towns the Health Councils have set up anti-venereal dispensaries.

State regulation of prostitution having been abolished in Norway, all measures connected with the fight against venereal diseases are taken by the Health Councils. Police authorities are bound to give



their assistance, but an endeavor is usually made to proceed without their help and all possible discretion is exercised.

Some difficulty is encountered in regard to the isolation of venereal patients. Under the existing law, the Health Councils of the communes are bound to give free medical treatment to all venereal patients domiciled in the communes, but rural communes and smaller towns are unfortunately not in a position to organize special hospitals or dispensaries, with the result that patients often migrate, without warning the Medical Officer, from the commune where they are domiciled to the large towns, which offer better facilities for treatment. The expenses incidental to treatment being chargeable to the commune of domicile, these towns thus now find themselves compelled to bear the financial burden involved. Furthermore, doctors in the smaller communes may be tempted to take advantage of this circumstance to relieve their communes from the expense incidental to venereal treatment. A certain amount of friction is thus caused among the authorities in the communes concerned, and this is especially the case when the patient admits that it was on the advice of the doctor of his commune that he went to town for treatment. The question therefore arises whether it would not be advisable to leave to the State the responsibility for medical treatment of venereal patients, and a draft law to that effect is now under consideration. Among the benevolent societies, the Norwegian Oddfellows (a Masonic Society) concern themselves with the treatment of syphilitic patients, and they have founded two homes for children suffering from congenital syphilis.

From "The Public Health Services in Norway," by Dr. H. M. Gram. *Publications of the League of Nations Health Organization*, 1927, III, 6.

**Abolition of Licensed Houses.**—An American group in Geneva, summarizing for American readers discussion in the Assembly on the researches of the Special Body of Experts for the Advisory Committee on the Traffic in Women and Children, comments: "A step which would have been impossible without all these years of effort was finally taken when the Committee was requested to examine as soon as possible the desirability of recommending to all Governments the abolition of the system of licensed houses."

The comment occurs in an analysis of the Eighth Assembly of the League of Nations which is being distributed by the League of Nations

Non-Partisan Association, 6 East 39th Street, New York. As stated in the explaining parenthesis which heads the analysis, the group of Americans who have made it available "have particular opportunities for following the many questions involved, with the earnest purpose of pointing out facts and tendencies which are obvious here [in Geneva] but may not be obvious at a distance."

**Dangers in Bad Housing.**—"Bad housing is an enemy of the home and of home life, driving the father to seek rest and recreation elsewhere, overworking the mother, sending out the children for their play, and lads and lasses for their courting, to the overcrowded streets.

"Bad housing tends to destroy the natural love of beauty, with irreparable loss to the individual, the family, and the community.

"Bad housing tends to destroy sound domestic relationships, leading to divorce, separation and desertion by husband or wife, and to the young abandoning the safeguards of home life.

"Bad and overcrowded housing is the deadly enemy of decency and of morality.

"Bad housing is in short the murderer of bodies and of souls, the destroyer of holy wedlock, the procurer of innocence, the thief of health, of beauty, of comfort, and of grace."

These are a few of the charges which the Research Committee of the Social Service Council of Canada, 604 Jarvis St., Toronto, brings against unsatisfactory housing conditions in a monograph on "Housing in Relation to Land Development," by A. A. Dalzell.

## ASSOCIATION NOTES

The resignation of Doctor Walter M. Brunet as Director of the Division of Legal Measures of the American Social Hygiene Association was accepted as of February 15th, in order that he might accept the position of Executive Secretary to the Committee on Social Hygiene of the New York Tuberculosis and Health Association. This Committee will carry on an extensive program in New York City, and the American Social Hygiene Association will coöperate closely in the effort.

Doctor Brunet's years of training and experience in social hygiene will serve to lend efficient supervision to the voluntary social hygiene activities now carried on in New York City, particularly in their public

health aspects. His advisory services will still be available in the national field as he has agreed to serve as a consultant member of the staff of the American Social Hygiene Association.

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"At a meeting of the International Bureau for the Suppression of Traffic in Women and Children held in London on Friday, January 27th, a resolution was submitted from the Chair by Lord Aberdeen, and carried unanimously, expressing deep appreciation of the League of Nation's Special Body of Experts' Report on Traffic in Women and Children and of the generous action of the Bureau of Social Hygiene in financing and directing the Experts' enquiry.

"I have the honor to bring this resolution to your notice for such action as you may consider desirable."

The foregoing was addressed to Dame Rachel Crowdy, Secretary of the Social Section to which this Body of Experts was attached, by Mr. F. A. R. Sempkins, Secretary of the International Bureau, and a copy sent by Mr. Sempkins to Dr. Snow, Chairman of the Body of Experts.

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The fourth session of the Child Welfare Committee of the Advisory Commission for the Protection and Welfare of Young People will be held at the headquarters of the League of Nations on March 19, 1928. Among subjects to be discussed or reported upon are the following:

Juvenile courts: examination of information supplied by the International Prison Commission and discussion of lines of future inquiry.

Cinema: examination of further information supplied by Governments and of report submitted.

Recreation: consideration of report.

Blind children: examination of reports and consideration of the desirability of making further inquiry.

Illegitimate child: report of progress of the inquiry.

Age of marriage: report of comparative legislation.

Protection of life and health in early infancy: further information received from health organization.

Feeble-minded: report on the proposed study.

Alcoholism: decision of the Assembly and reports.

Mr. Bascom Johnson, Director of the Association's Division of Legal and Protective Measures, is an Assessor on this Committee and will attend the meeting. Mr. Johnson has collected and submitted to

the Committee information concerning the education of blind children in the United States. A preliminary statement regarding camping in the United States also presented by him has recently been circulated to the Members and Assessors of the Child Welfare Committee, at the request of Dame Katharine Furse, Rapporteur on the question of Recreation.

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In the January and February numbers of the *Medical Times*, Dr. Walter M. Brunet surveys "Progress in Venereal Disease Control for 1927." In the January *World's Health* he has an article entitled "Some Problems in Syphilis."

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Under the title "The Sex Question," Dr. Thomas W. Galloway discusses the contribution of sex to character development in the February 1st issue of *Zion's Herald*, the organ of the Methodist Episcopal Church in New England.

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The Metropolitan Life Insurance Company is making a notable contribution to the fight against venereal diseases in adding to its series of "Health Publications" one on syphilis. The fourteen-page pamphlet with its striking cover and title—"The Great Imitator," the phrase made familiar during the world war in one of the publications of the American Social Hygiene Association—is like its predecessors in the Metropolitan series, readable, authoritative, inescapable, and practical. As it is destined to a circulation of hundreds of thousands of copies, probably half a million, the public service the Metropolitan Life Insurance Company renders in producing it is very great. A number of the members of the Association's advisory committees have commented upon it favorably. Their comment is probably an indication of the general interest the pamphlet has aroused.

## THE FORUM

*The JOURNAL will publish selected letters or excerpts considered of general interest, assuming no responsibility for the opinions expressed therein. Communications must be signed, but publication of signatures will be withheld when so requested.*

*To the Editor—*

Enclosed is a translation of a communication which appeared in the Arabic papers and which reflects a point of view about the white

slave trade which is rarely seen in print. Of course it refers specifically to conditions in Mohammedan countries where the divorce system is vicious. A certain Mohammedan scholar, a sheikh, has been bombarding the newspapers with articles insisting that the government abolish the system of segregated quarters and licensed prostitutes. His chief arguments have been entirely theological and philosophical, at which weakness this woman aims her shaft.

#### WHY DID I FALL?

*To Sheikh Abou el Oyoun.*

The writer of these lines, my dear sheikh, is one of the miserable group against which you are fighting and have declared a war (which we hope will be unsuccessful) by your stiff, stinging articles. Allow me to be frank with you and confront you with the fact though it is a bitter one. There is nothing more harmful than continuing in imagination and dreams, especially in solving social problems.

You wish to wipe out public prostitution. Have you thought a little of the future of those who take this profession and what would become of them if such a proposal were to be carried out? Have you thought a little, before you commenced your fight, of the causes which obliged them to join this miserable class?

Indeed you did nothing of that. You simply started to write some articles which, I confess, were effective, and filled them with huge hollow words such as "the country's honor" and "duty," etc., etc. No one relies on such words in changing an order and canceling a profession from which thousands of miserable women who have been unjustly treated by men earn their livelihood. I declare without the slightest fear that that duty and these rules of which you are speaking are the main cause of the misery of these women and oblige them to earn their livelihood by this despised profession.

I relate here my own story. I had until recently a husband, a house, and a family. One day the husband wished to marry another woman but he found that I would be an obstacle in his way. It was very easy for him to divorce me by simply saying the word. I lost my husband, the house was destroyed and the family separated. Then I was obliged to earn my livelihood by the profession of prostitution. What was the cause of all this trouble if not your lame laws and ugly justice which allows the man to do with his wife just as he likes, to keep her when he wishes or dismiss her, with the same ease as he throws garbage from the window, when he wants to do so.

The husband goes out of his house, leaves his wife taking care of his home, attending his needs. After a while the news comes to her that the husband has quarrelled with another person and divorced\* her through his anger. She has to take her clothes and leave the house just as Adam left Paradise. Tell

\* Note.—A common but binding oath is: "On me the triple divorce," meaning, "If I fail to make good this oath, I will divorce my wife by the triple divorce," though the wife is perfectly innocent of any connection with the affair under dispute.

me, my dear sheikh, would such a woman be blamed if she takes the profession of prostitution to earn her living by selling her honor?

This is the fact. I mention it because there is nothing more dangerous than obscure words and false philosophy in discussing such dangerous problems. Those who try to cancel public prostitution resemble the doctor who treats the diseases and neglects their origin. The result is known in both cases.

Now let us go to another problem which is not less dangerous than what we mentioned. What have you prepared for the prostitutes after canceling the licenses which are in their hands? Have you founded the asylums before you demanded that the permits be canceled? If you have done nothing of this, you will find, if your proposal succeeds, that you have increased the trouble. The canceling of public prostitution would surely lead to the spread of private prostitution. The private houses would be badly increased and the venereal diseases would spread even more and more than at the present time. What a difficult thing to fight against private prostitution, especially in a country subject to the capitulations!

Dear sir, let the people revise their laws and correct their rules and develop their character. When all this is done, you may demand, if you wish, to cancel prostitution, but your present requests are quite impossible.

Prostitute.

This is taken from *Al Ahram*, September 11, 1926.

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### BOOK REVIEWS

THE HUMAN BODY. By Logan Clendening. New York, Alfred A. Knopf, 1927. 399 p. \$5.00.

Practically all the notices or reviews the present writer has seen of Dr. Logan Clendening's book entitled "The Human Body" were extremely favorable. Some were enthusiastic and most generous in their praise of the author's matter and manner. If I am not mistaken, one critic called the volume "the book of the century."

There is, however, I am assured by authorities, nothing original in it so far as the cardinal topics treated therein are concerned. The author writes well, and has the art of making even a dry or technical question interesting and vital. Any person who popularizes science in this lively fashion deserves the thanks of science as well as of the lay hosts of readers who as a rule are repelled by or are afraid of scientific books.

I have not read the strictly medical or strictly technical chapters of the book. I am not competent to pass judgment upon those chapters. My attention was called, to use the hackneyed formula, or my curiosity was aroused, to speak frankly, by certain comments in the reviews on the author's unconventional, bold, brilliant, "smashing" assaults upon the social hygiene movement and the "gloomy" treatment the speakers and writers connected with that movement give to the so-called social diseases—the venereal diseases.

According to one critic, the "alarmists" who talk about the ravages of those diseases indulge in moonshine, imagine vain things, or make a fuss about trifles, and one of the striking merits of Dr. Clendening's remarkable book is to be seen in his "refreshingly sane and scientific handling of that bugaboo of solemn moralists who seek to intimidate the ignorant and the credulous."

Not being a professional social hygienist, and not caring a great deal for the sermons and warnings of solemn moralists, I decided to read and "pass along" those illuminating and heartening chapters. Alas, grievous and cruel was my disappointment! I found them shallow, "smart-Alecky," and self-contradictory. Not only is science conspicuous by its absence, but ordinary horse sense is flouted and violated in the aforesaid chapters. They would be worthy of small notice were it not for the foolish commendation that has been lavished upon them.

Let me offer proof of my assertions.

In the chapter on the organs of reproduction the author disposes of the growing demand for education in matters of sex or for explanations of the so-called secrets of life in the following way: "The gutter is a very good school," he tells the parents who suggest that their adolescent children be told the facts of sex intercourse. He himself received his education as to sex in the gutter and he knows of no better school. When because of his gutter education he tells "mildly smutty stories" to ladies among his acquaintances or patients, thus shocking them, he justifies his mild smut by telling them in all seriousness love is "a joke—the master joke of the universe," a joke at which the "very stars rock with the echo of the laughter which it arouses."

Why is love a joke? We shall find the answer in another chapter. Meantime we are informed that "because it is a joke, it [love] is holy." Well, a holy joke is something truly unique, only to be found

in "the book of the century." There surely isn't another holy joke in the universe.

The author adds that because love is a joke it keeps us fascinated even after we learn its true nature. As a rule jokes get stale, flat, and unprofitable, but love is a peculiar kind of joke. We are informed in the next paragraph that "knowledge of the secret of life is gained with tears and sweat, and by fiery swords." Tears, sweat, and fiery swords somehow do not call to mind jokes or mild smut.

In the next paragraph, amazingly enough, the amused author virtually withdraws all the meant-to-be clever and flippant things he has said about the gutter, the mild smut associated with the secrets of reproduction, the cosmic joke of love. He admits that "there are a good many things that can properly be told the children," and he proceeds to state what he does tell children about organs of reproduction, the male and female cells, etc. *A la bonne heure!* So there *are* things that doctors, teachers, and competent parents can and should tell children about sex and reproduction, after all. What about the gutter as the best school? Or perhaps this was a joke for the stars to rock at with laughter? Well, the stars are not rocking, and judicious readers grieve instead of laughing. The author chose to be smart and flippant rather than sane and sensible.

The author's philosophy in regard to the so-called woman question is indicated in the chapter on the biology of sex. Here we are told that while civilization has imposed certain modifications upon biologic law, "the fundamentals remain." Male is still male, and female—female, and the twain shall never, never agree or understand each other. Love is nature's trick to carry out her lust for reproduction, and poor humanity is a victim of that trick, or joke. Why a victim? Is there no pleasure in love, no delight in the intimacy and companionship of marriage, no sweetness and ecstasy in sex commerce? Ah, these delights and ecstasies, this sweetness, these transports and joys are necessary to the success of the trick or the grim joke of nature. Why? Because "if either the boy or the girl realized the stifling responsibilities they were assuming, the last representative of the human race would ere long be sitting by the empty shores of the eternal ocean." Would he? Why? Why are the responsibilities of love and marriage "stifling"? Whom have they stifled? Not the human race, since it has multiplied, prospered, and progressed quite tolerably since its emergence from savagery. How many intelligent



and sophisticated men or women prefer single blessedness to matrimony? Why talk of boys and girls presumably rash, blind, and ignorant of the responsibilities of union? Do not mature men and women marry, divorce, marry again? Who would marry a second time if the responsibilities were unendurable and stifling?

Moreover, boys and girls are born and grow up as a rule in homes and have parents whom they can observe and study. If all parents were miserable most of the children would know that fact and would therefore "realize" the responsibilities of marriage.

The truth is, of course, that life without love is barren and dismal, and that even an unhappy marriage is rich experience and preferable to the dull life of the average bachelor or average spinster. If love is a trick, happiness is a trick or illusion, and words have no meaning.

The author further tells us that the male, who is lustful and unstable, "will bow his neck to matrimony only if that is the only way out"; that he lies, coaxes, and fawns in order to secure the female, and that after he succeeds he "is alertly ready for the next candidate." Society, law, and the church conspire to tame the wild and inconstant male, who "wonders all the rest of his life why he did it"—that is, why he bowed his neck.

Now is it a fact that all married men wonder why they were idiotic enough to bow their necks, and deeply but vainly regret the blunder? What basis is there for the author's assertions? As already pointed out, his theory fails to explain second and third marriages and fails to account for the marriages that are fairly happy and successful.

If what he has in mind is the evidence that monogamy is not the success it is supposed to be, then he has sacrificed point and truth to epigram and wit. Certainly all is not well with marriage and sex relations. There are the evils of prostitution, promiscuity, hasty divorce, hypocrisy, and treachery in marriage. The author's aid would be welcome in the discussion of these questions if he could be serious and forget his joking.

Dr. Clendening and his friends do not sympathize with those who do not admire the gutter as a school and who do not pooh-pooh the dangers of the practices taught in the gutter. "Venereal disease? Well, what of it?" ask certain humorists. What is there to make so much ado about? You treat sex as a joke, you contract a venereal disease, and you go to a clinic and get cured. Once cured, you can return to the gutter, or the brothel, and have your fun without bowing

the neck to matrimony. Then the joke would be on Dame Nature, presumably, and her irrational interest in population.

However, Dr. Clendening, without qualifying his statements regarding the unruly and untamed male and the latter's supposed readiness to lie as often as any fictional Don Juan, tells us in another paragraph in the same chapter that, strangely enough, marriage is not always the farce and failure he had said it was. Sometimes, he admits, marriage turns out well and two persons manage to work out their separate destinies together. In spite of all the cynics and the philosophers—we may add in spite of the Clendenings—we are told marriage does promote the happiness of the male, the female, and the children.

"How," Dr. Clendening says, "I do not know." It is his cynicism, perhaps, that accounts for his ignorance of that "how." The mystery is no mystery at all. We long for companionship; we need sympathy and affection; we fall in love; we marry because we are in love, and we find, if we are intelligent, that it is possible to find happiness in work, family life, pursuit of beauty, high thinking, and sane satisfaction of legitimate desires even in the sort of marriage imposed by society and civilization.

The chapter on the venereal diseases is short and relatively free from fallacies and jesting, except that syphilis is declared to have a harder name than it deserves. It is, we are told, not a very dreadful disease, and many people have it and are none the worse. We see all the bad cases and jump to alarming conclusions, but the alarm is unwarranted. Gonorrhea, however, is declared to be a "most serious and devastating disease," and should be prevented privately and publicly. Dr. Clendening apparently believes in supervision and regulation of prostitution as one of the means of the aforesaid prevention. The abolition of prostitution he declares to be highly improbable. Early marriage, birth control, and the like he does not discuss.

His digs at "Christian ministers who would always prefer to have boys diseased, women ruined and made barren, and babies blinded rather than admit that the seventh commandment was ever broken by any of their flock" are not, one confesses, particularly successful. The ministers who fear and shun truth and frankness in connection with venereal diseases are indeed benighted, but they will not be converted by men who recommend the gutter as a school for sex education, and who take pleasure in assuring anxious ladies, mothers of

adolescent children, that sex is a huge joke anyhow, to be treated airily and cynically.

Dr. Clendening and his followers are as reactionary and as little informed as the narrow-minded ministers they rail at so far as their treatment of the problems of sex education is concerned. Their assumption of superiority is amusing, not irritating.

In the foregoing the writer does not intend to champion any particular doctrine or to defend social hygiene—in which movement he is not particularly interested—but merely to protest in the name of common sense and straight, critical thinking against inaccuracy and misdirected cynicism.

VICTOR S. YARROS.

**LIVING MACHINERY.** By A. V. Hill. New York, Harcourt, Brace and Co., 1927. xxi+306 p. \$3.00.

This is not a book about social hygiene, but it is a book that every student of social hygiene should read. It is a collection of eight lectures, of which six were prepared originally for an audience of children at the Royal Institution in London. All of them are uncommonly well suited to intelligent adults anywhere. It does not matter what some people talk about; what they say is worth our while. Professor Hill is one of those. When he talks about Living Machinery, however, he adds to directness and imagination and enthusiasm and personal charm, the authority of one who has received the highest contemporary recognition as an investigator in his chosen field. Simply and intimately, he takes us into the laboratories where discoveries are being made and makes them both intelligible.

His own children find his laboratory a fascinating place. One of them was with him there when he succeeded in measuring the rise in temperature in a nerve fiber caused by the passage of a message (nerve impulse) over it. The unusual delicacy of the observation is indicated by the fact that the rise was only about a millionth of a degree! But it was sufficient to show that the work of nerves, like that of muscles and other tissues, is associated with chemical activity.

This discovery, simple in statement, but difficult of achievement, appears in the very first chapter. Even the special apparatus that made it possible is figured and described. Yet only a brief ten pages earlier the lecturer had begun a non-technical account of "Nerves and the Messages They Carry." He has an amazing facility for combining

elementary fact and technical research in such a way as to illuminate them both.

Succeeding chapters are devoted to: "Muscles and How They Move"; "The Heart and Some Other Muscles"; "The Lungs and Blood"; "How the Muscles Get Air and Fuel"; "Nerves and Muscles Working Together"; "Speed, Strength, and Endurance"; "Physiology as a Meeting Ground of the Sciences"; "Mechanism and Purpose." The last two chapters were added for an audience of grown-ups when the series was repeated last March at the Lowell Institute in Boston.

Taken together they form an admirable introduction for non-professional readers to that new and fruitful department of biological investigation, "general physiology." The latter concerns especially the fundamental mechanisms of living bodies and holds the keys to many a mystery of human conduct. For most of us the term may have, today, an unfamiliar sound. Tomorrow it will be on many lips with a wealth of meaning for cultivated ears.

H. B. T.

GESETZLICHE UNFRUCHTBARMACHUNG GEISTESKRANKER (The Legal Sterilization of the Mentally Diseased). By Joseph Mayer. Freiburg im Breisgau, Herder & Co., 1927. 466 p. (In the U. S. from B. Herder Book Co., 17 S. Broadway, St. Louis, Mo. \$4.50).

This is the most comprehensive work available in any language on the history, theory, and world status of the sterilization of defectives. The bibliography alone occupies 31 pages, dealing principally with German writings and thereby supplementing usefully the references supplied in S. J. Holmes' "Bibliography of Eugenics."

But to social hygienists the greatest significance of the book is beyond this. The attitude of the Roman Catholic Church toward eugenic sterilization has never been defined officially. Dr. Mayer is a Roman Catholic priest, associated with the Institute for Social Work at the University of Freiburg; his book is one of a series edited by the eminent professor of moral theology in the Roman Catholic faculty of the same university, Franz Keller; it bears the imprimatur of their ecclesiastical superiors. Under these conditions, it is a matter of no ordinary interest that the author comes to the conclusion, after an exhaustive examination of the facts and the opinion of the leading Roman Catholic theologians, that eugenic sterilization is, in principle,

to be approved in suitable cases; and it is a matter of importance to know what his arguments are.

All moral philosophers, he points out, agree that certain types of individual have no right to marry and that it is the duty of everyone to prevent their marriage. Since the development of biology, they all declare emphatically that certain types of individual must likewise be prevented from reproducing. It is recognized that social work tends to perpetuate human defects and that this must be offset by the application of a sound program of eugenics. It is for the church to work to this end; it is for the state to support its efforts to this end.

There remains, then, merely a question of the means to be used. To be approved in principle, sterilization must be shown to be an action good in itself and directed to a good end.

The object, to prevent the reproduction of the psychopathic, is certainly not evil, provided no rights of the individual are contravened and public welfare is not prejudiced by the action. As to the first, Dr. Mayer shows that the psychopath has because of his very nature no right to reproduce. Thomas Aquinas justified taking the freedom or life of a man dangerous to society: the good of all takes precedence of the good of one individual. The angelic doctor even went farther and justified the castration of sex-offenders for the public good. Society certainly possesses the right to protect itself by depriving an individual of the possibility of reproduction.

As to the second, the ethical situation is not disturbed, because the psychopath is no part of this situation, in consequence of his inability to reason. Even if he has periods of lucidity, he is still cut off by the lack inherent in his nature. Sterilization can not affect the personal morality of a psychopath, since from the present point of view he has none (*i.e.*, he is not responsible for his actions).

Through physiological sterility, lowered birth-rate, failure to wed, and the like, the mentally diseased tend naturally to self-elimination. Far from being regarded as opposed to God's will, then, means to prevent their reproduction might rather be looked on as in accord with and furthering His will.

The acting will ("only that will is good which intends a good as such") intends the healing of the body, either individual or social, so the act of sterilization is comparable to that of a surgeon who cuts a man's flesh (in itself a bad act) to save his life (a good act). Certainly the healing of the social body is to be regarded as a higher

good than the healing of any one individual's body. Sterilization might be compared with vaccination which mutilates a child's body, produces a fever, occasionally even disability or death, and yet what makes it not only allowable but desirable from a moral-philosophic point of view is that it benefits the social body.

Thomas Aquinas based his justification of capital punishment on the same moral grounds as a private healing operation. If it could be shown that sterilization would be in the long run more effective in reducing criminality than imprisonment is now, then sterilization of criminals would certainly be justified on the same grounds, being a much slighter interference with individual freedom than is beheading.

Sterilization separates sexuality from procreation, which in some connections (*e.g.*, contraception) is not permissible; but the Church has not forbidden therapeutic sterilization and castration. The problem of "double effect" enters here. For example, may a doctor cure syphilis by administering arsenicals which in addition to their immediate healing effect will also have an incidental but perhaps permanent harmful effect on the body? Certainly he may. So, the author thinks, he may sterilize if it is necessary even though he thereby separates sexuality from procreation.

Alfonso of Liguori and other outstanding moral theologians had no word of criticism for the practice, extending through centuries, of castrating boys to provide soprano voices for the Sistine choir; and the Popes throughout the same period approved at least tacitly. When Benedict XIV interfered with this practice he did so in a moderate way, advising his bishop not to eliminate eunuchs from the choir but to avoid making the service seem theatrical. So long as soprano choirs were a desirable part of the service there was nothing wrong in castrating youths for this purpose. It would be wrong now because the need for such choirs no longer exists.

Only official sterilization is permissible, since only the state itself and not some private individual has the right to decide what the interests of the state are.

Dr. Mayer then considers several points of interest in church administration. He believes that a sterilized person is not ecclesiastically "irregular" unless also impotent. As to whether a sterilized person may marry, the older theologians held that a union is licit if it serves either one of the two principal objects of matrimony—procreation and

intercourse. Later there was some division of opinion on this point. But the Church has never refused to marry women who have passed the menopause, or men who because of age, double epididymitis, or other obstacle could not become fathers. So much for the theory. Practice offers no difficulty, since the *Corpus Iuris Canonici* says in case of doubt the union may be allowed; and there is always a doubt as to whether the operation is effective—there have been some failures.

While there thus seems to be no obstacle to the principle of sterilization in Roman Catholic moral philosophy (the author of course insists that the question is open so long as it has not been answered authoritatively at Rome), Dr. Mayer feels that in current practice the sterilization that is being done does not meet the necessary requirements because it has not been satisfactorily shown that the well-being of any state is yet menaced by the propagation of its psychopaths, the inheritance of mental diseases is still obscure, the possibilities of segregation have not been tested sufficiently, and the present technique of sterilization is not perfect and in some cases (X-rays) may even do more harm than good. The Church can be expected to proceed as fast as the facts warrant, for "its ethic, its canon law, and its history show that for centuries it has been devoted to a morally and biologically sound policy on problems of population."

PAUL POPENOE.

### BRIEFER COMMENT

AN APPROACH TO THE PSYCHOLOGY OF RELIGION. By J. Cyril Flower. New York: Harcourt, Brace and Company, 1927. 248 p. \$3.50.

The author has endeavored to show what mechanisms are involved in religion and the religious response. Some of the chapter headings are: "What is Religion?", "A Study of the Religion of the Winnebago Indians," "Psychopathology and Religion," and "Conversion." One chapter is devoted to George Fox.

CONVALESCENCE, HISTORICAL AND PRACTICAL. By John Bryant, M.D. New York: The Sturgis Fund of the Burke Foundation, 1927. 269 p. \$5.00.

A source book, covering all important aspects of convalescence from the earliest record up to 1927, and all important developments bearing upon modern progress in the care of convalescence.

The importance of convalescent care in the modern community health program and the need of preventing half-cured patients from taking a backward step is emphasized.

The volume covers a chronological review of work with convalescents; a description of the Burke Foundation; the Cleveland Hospital and Health Survey; Houses of Rest in Russia; convalescent work in the U. S. Army; surgical convalescence; convalescence, a problem in preventive medicine and public health; progress: 1921-1927. There are many illustrations and a full index.

**SCHOOL OR WORK IN INDIANA.** By Charles E. Gibbons. New York: National Child Labor Committee, 1927. 30 p. 15 cents.

In 1927 an investigation of school attendance and child labor was conducted in seven towns and cities in Indiana by the National Child Labor Committee. The very satisfactory findings of school attendance were published in the report entitled "School or Work in Indiana."

The findings of the report regarding school children working outside of school hours was less satisfactory. Many of these were under age and worked too long hours.

**SUICIDE.** By Ruth Shonle Cavan. Chicago: University of Chicago Press, 1928. 359 p. \$3.00.

"A concrete investigation into the relation of the individual to the group and the relative importance of custom and public opinion as compared with individual motives and temperament."

The author has made use of the case method in her study. The records of suicides who left documents, of those who made unsuccessful attempts, and of those who contemplated suicide furnish data for the formation of theories.

The book is divided into two parts: suicide and social disorganization, covering the suicide trend in the United States and abroad; and suicide and personal disorganization.

A thirteen page classified bibliography, many tables and charts, and a full index add to the value of the book.

#### PUBLICATIONS RECEIVED

*Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.*

**AMERICAN CHILD HEALTH ASSOCIATION FOURTH ANNUAL MEETING TRANSACTIONS,** WASHINGTON, D. C., MAY 9 TO 11, 1927. New York, American Child Health Association, 1927. 380 p. \$3.00.

**AN APPROACH TO THE PSYCHOLOGY OF RELIGION.** By J. Cyril Flower. New York, Harcourt, Brace and Company, 1927. 248 p. \$3.50.

**CONVALESCENCE.** By John Bryant. White Plains, N. Y., The Sturgis Fund of the Burke Foundation, 1927. 269 p. \$5.00.

**THE DELINQUENT AND ABANDONED CHILD.** By Pierre Nisot. Brussels, Belgium, P. Dykmans, 1927. 406 p. 40 francs.

**THE EFFECT OF THE WORLD WAR ON EUROPEAN EDUCATION,** Printed in HARVARD BULLETINS IN EDUCATION, NUMBER 13. By Fritz Kellermann. Cambridge, Mass., The Harvard University Press, 1927. 89 p. \$1.00.



- GROWING UP. By Karl de Schweinitz. New York, The Macmillan Company, 1927. 111 p. \$1.75.
- JOSEPHINE BUTLER. By Millicent G. Fawcett and E. M. Turner. London, England, The Association for Moral and Social Hygiene, 1927. 164 p. 2/6.
- THE MANUAL OF CHILD DEVELOPMENT. By the Editorial Board of the University Society. New York, The University Society, Inc., 1927. 739 p.
- MENTAL HEALTH OF THE CHILD. By D. A. Thom. Cambridge, Mass., Harvard University Press, 1927. 46 p. \$1.00.
- THE MOTHERS. By Robert Briffault. New York, The Macmillan Company, 1927. Volume I, 781 p.; Volume II, 789 p.; Volume III, 841 p. \$9.00 each.
- THE NEUROTIC PERSONALITY. By R. G. Gordon. New York, Harcourt, Brace and Company, 1927. 300 p. \$3.75.
- PARENTS ON PROBATION. By Miriam Van Waters. New York, New Republic, Inc., 1927. 328 p. \$1.00.
- THE QUESTION OF EUGENICS IN VARIOUS COUNTRIES. By M. T. Nisot. Brussels, Belgium, G. Van Campenhout, 1927. 513 p.
- SCHOOL OR WORK IN INDIANA. By Charles E. Gibbons. New York, National Child Labor Committee, 1927. 30 p. 15 cents. (Publication 341.)
- SOME AMERICAN ALMSHOUSES: STUDY OF A GROUP OF ALMSHOUSES IN CONNECTICUT, NEW JERSEY, NEW YORK, AND PENNSYLVANIA. By The Women's Department, The National Civic Federation. New York, The National Civic Federation, 1927. 95 p.
- THE SPRINGS OF HUMAN ACTION. By M. K. Thomson. New York, D. Appleton and Company, 1927. 501 p. \$3.00.
- UNDERSTANDING HUMAN NATURE. By Alfred Adler. New York, Greenberg, 1927. 286 p. \$3.50.

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JOSEPHINE E. BUTLER

From a drawing by G. Richmond, A.R.A.

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JOSEPHINE BUTLER

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“One of the great people of the world,” a fellow-worker called Josephine Butler. She was great in the clear honesty of her mind, her grasp of essentials, her conviction, her courage. She cared greatly; the love of justice was a passion in her. Nothing defeated her; having started on a work it seemed to her right to do, it was impossible for her to think of withdrawing. The thing she believed wrong *must* yield; everything in her *must* be given to make it yield; the struggle *must* be continued until it did.

Vision, courage, logic—these three combined make a good leader. Josephine Butler added a sensitive and gracious personality, unusual beauty, a personal charm of which all her biographers speak. Her nature was based on a profound seriousness; over that played charm, sweetness, gayety.

The struggle in which she was a leader for thirty years was against the system of state regulation of prostitution. She believed it necessary to fight prostitution itself—wrong to be satisfied with fighting its results by regulation; and not only wrong, but ineffectual. She thought any system of regulation an immoral compromise because it implied that prostitution, though evil, was a necessary evil, and that the only thing to do was to make it as little harmful as possible since to get rid of it altogether was not to be expected. This view

seemed to her an outrage upon human nature, and upon the divine purpose, in which she profoundly believed. From beginning to end and without compromise she was an abolitionist.

Further, the injustice of the system was abhorrent to her. Regulation did what old tradition did; it assumed the double standard—one morality for women and another morality for men. It fixed a public brand upon a woman guilty or even suspected of being a prostitute and regulated her movements thereafter with heavy penalties in case of non-compliance. Its tendency was to make a woman once "fallen" to keep on in a life of increasing degradation even though she had been in the beginning an innocent victim, and at the same time it tended to make a man think that sexual indulgences were necessary, expected, and venial for him, and also safe. The safety was fallacious.

In 1802 the regulation system was introduced into France. Several European countries followed. Regulation seemed to many people the best way that offered for checking the spread of venereal infections. There are people to whom it seems so still. But there are not so many as there were. In the first half of the nineteenth century the overwhelming weight of opinion was that there are wild oats to be sown, that this fact cannot be expected to change, and that on the whole the best thing to be done with this "irregular indulgence of a natural impulse" is to make it as safe as possible for the young men whose nature demands it by seeing as far as possible that the women to whom they resort are not diseased. In 1864, 1866, and 1869 this view was written into the English law in a series of Acts known as the Contagious Diseases Acts. In other countries the system had had only the authority of police regulations. In England its proponents managed to erect it into law.

The Contagious Diseases Acts provided for registration and police supervision of prostitutes, for periodic medical examination of all those registered in order to detect venereal

disease, for imprisonment with hard labor of any who resisted the examination, and for compulsory detention and treatment of those who were found to be diseased. A woman suspected by a policeman of being a prostitute had two alternatives: she could make "voluntary submission"—declare herself a public prostitute and be registered, and thereafter present herself at stated intervals for examination to prove that she continued to be a safe prostitute; or she could go before the judge, with whom it then rested to decide whether she was a prostitute or not.

From the time of the passage of the first of these three Acts there had been a few people strongly opposed. Josephine Butler was one. In her young married life in Oxford the subject of unequal moral standards had caught her attention—the unequal wages of sin—the silence in which these things were hidden, things "which it seemed to me then that no human power could ever reach or remedy." Her resentment of injustice, always characteristic and ready, flamed. "Every instinct of womanhood within me was already in revolt against certain accepted theories in society." Instances occurred. She made repeated visits to the hospitals for paupers, the women's prison, the "oakum sheds." She made friends with derelict girls as they sat picking oakum together; heard their stories. Again and again she and her husband took some one of these pitiful, broken children to their own home, shared the beauty of their own lives with her, cared for her through sickness or until death.

She had long known about the regulation system in France and regarded it with horror. When she first learned that it was established in England, "The depression which took possession of my mind was overwhelming." She wrote down somewhere and found long afterward the presentiment that seized her, "a presentiment that, do what I would, I myself must enter into this cloud." In 1869 the time foreseen came. Women can enter freely into such a struggle now. Josephine Butler and her contemporaries have made it possible. Then,

for a woman even to know about it seemed a stain upon her refinement. And Josephine Butler was a lady, sensitive, gently bred. She was also very clear minded. She knew perfectly what it would mean to take a public stand. ("Those indecent Maenads," the *Saturday Review* said two years later of the women who were working for the repeal.) She thought about it, suffered over it, and one evening went down the passage to her husband's study, "leaned my cheek against his closed door, and as I leaned I prayed. Then I went in and gave him something I had written." For two or three days neither spoke of it. Then they talked it over freely, and he decided as she had that this work was for a woman, and for her. He supported her with absolute sympathy and courage to the end.

Josephine Butler was "the head and front of the movement throughout." Statesmen, lawyers, and physicians being in favor of the Acts and the upper classes in favor of keeping still, she counseled an appeal to the working men. They understood her, because their daughters suffered. In a year she made a hundred public addresses, traveled thousands of miles. She threw herself into contested elections to defeat candidates who opposed repeal. There was one at Colchester; "somewhat of a turning point in the history of our crusade," she thought it. The hotel to which she and her friends went was mobbed, windows broken in. Every effort was made to prevent their holding a meeting. The gentlemen of her party were pelted in the street, their clothes torn. She went to the meeting with an old shawl over her head like a poor woman, and escaped notice. But they won. The candidate who stood for the Acts was defeated, and the country began to see the strength of the repeal movement.

Sixteen years it took to carry the Repeal. Violent scenes recurred. The election at Pontefract in 1872 was even more angrily and brutally fought than the one in Colchester. The vivid stories are the more amazing when one thinks of the slender, sensitive, unflinching gentlewoman who was the storm center.



In 1869 the Ladies National Association and the National Association for Moral and Social Hygiene were founded and the "Ladies Appeal and Protest" was published. In 1875 the International Abolitionist Federation was founded at Geneva. Josephine Butler was the founder, the inspiration, and the active leader in all three. In 1871 she published "The Constitution Violated"—clear, close reasoning supported at every point with phrases from the Magna Charta and with authoritative interpretations from English statesmen and lawyers. A series of publications followed, eloquent, downright, with a statesman's grasp. In 1874 and 1875 she gave a number of addresses in France, Italy, and Switzerland, speaking in French. She saw clearly that the question was international; no one country could succeed alone. These addresses were published, translated into many languages, read everywhere. Curiously, it was not until 1913 that an English translation was published, "The Voice of One Crying in the Wilderness."

In 1886 the total repeal of the Contagious Diseases Acts was carried in England.

But victory meant to Josephine Butler renewed work. There was still the Continent. There was India. There were great provinces of unconvinced opinion even in England, needing constant watchfulness. Immediately she warned all those who had been working so long against prostitution not to relax their efforts, nor did she relax hers.

She died in 1906, a great woman, leaving the world better because she had lived.

## A MEMORIAL OF A GREAT WOMAN \*

ANNA GARLIN SPENCER

The year 1928 dates three notable centenary celebrations. The first is that of the American Peace Society, which in May next will acclaim its unique history of one hundred years of continuous life. Another is the great meeting to occur in India next autumn and to be attended by a notable American delegation, in honor of the foundation in 1828 of the Brahma Somaj by the greatest religious and social leader of that country, Ram Mohan Roy. The third is the centenary memorial of Josephine Butler, to be celebrated in several countries, our own among the number.

Although William Ladd, the founder of the American Peace Society, will be the best remembered prophet of that body, and Ram Mohan Roy will be brought especially to mind as one of the great religious leaders of the world when the representatives of many religions meet in India, the memorial to Josephine Butler will probably be a more personal one than either of the others. The beauty, charm, and culture of this English gentlewoman, "to know whom was a liberal education," made such an impression on many of the greatest men and women of her time that her personality glows through her great achievements like fire in an alabaster vase.

England rightly holds the place of honor in this memorial to Josephine Butler, for she was preëminently English, not only in birth and breeding but in her firm devotion to personal liberty and in her practical use of political means to further her moral ends. The meeting in Westminster Abbey will fitly testify to her devotion to the best interests of her own country. Other nations, however, will stand close, and by

\* Josephine Butler: Her Work and Principles, and their meaning for the Twentieth Century. Specially written for the Josephine Butler Centenary, 1828-1928. By Millicent G. Fawcett, G.B.E., and E. M. Turner. London: The Association for Moral and Social Hygiene, 1927. 164 p.

right, as they recall her international service in a common cause of social morality.

Our own country has its own rightful place also in the guard of honor in this memorial, for her influence early crossed the ocean to add spiritual intensity to our similar work. We never had in this country federal or state laws such as the Contagious Diseases Acts. All abortive attempts to secure their like in certain large cities were at once frustrated in this country by the social purity reformers, led by the devoted and wise Aaron Powell and those who stood by his side. We had here, therefore, no need for such extreme heroism as Mrs. Butler and her followers had to manifest, although our early workers blazed a pathway not always easy to tread. We needed, however, the spur of the English struggle for the lifting of the taboo in discussion of sex-relationship, and we greatly profited by the clear analysis of the fundamental evils in the double standard, then so much in vogue, and above all by the sense of a "call to do away with prostitution and make a straighter way for virtue everywhere."

It is fitting, therefore, that we in the United States join the other grateful peoples of other countries in a reverent tribute to the woman who has been fitly called "the heart and soul of the movement for social morality." It is fitting, moreover, that the American Social Hygiene Association should voice this American tribute, for this Association has gathered into itself the threefold influence that owed such a great debt to Josephine Butler—the American Purity Alliance, which constituted the special bond of comradeship with Mrs. Butler, the National Vigilance Committee, which insured us the stimulus of Mr. Coote's work against the traffic in women and girls for immoral purposes, and the great work of Dr. Morrow in the leadership of the medical profession.

So dowered by the past, the American Social Hygiene Association stands to-day the one greatest and most unifying influence in the United States for the single standard of morals and that a high one, for the preservation and improve-

ment of the monogamic family, for the promotion of education of the most effective sort in mutually helpful sex-relationship, for the constant effort to cleanse our streets and amusement centers of corrupting influences, for the application of the modern crusade against preventable disease to every infectious ailment, and for the protection of youth and the reclamation of the delinquent in a service that would secure alike to both sexes the just administration of law and the most efficient social service.

Bringing thus its sheaves with it, the Association offers its reverent tribute to the great leader of the cause it serves. What was once a "voice crying in the wilderness" has become an organized army of ameliorative and preventive social work and a world-wide comradeship in the better life.

For this we may all be grateful in this time of remembrance of the great and good who carried the torch in the early days of confusion and darkness.

The book on Josephine Butler, published for the Centenary by the Association for Moral and Social Hygiene, is a worthy memorial of great events and a great woman. It marks the celebration of Mrs. Butler's birth in the best form of remembrance, a true evaluation of her contribution to the social history of our time.

The book contains a handy reference list of dates in the life and work it celebrates, and shows the relation of the first passage of the Contagious Diseases Acts, which called Mrs. Butler to active service as a reformer in 1864, to the Report of the League of Nations' Special Body of Experts on Traffic in Women and Children, presented in 1927. The experts' report, as the authors of the book truthfully declare, "completely justifies Mrs. Butler's condemnation of licensed houses and the regulation system." A far cry from one woman standing up before a hostile public to make her deposition under oath—basing it only on the small investigation she had been able to make with the aid of two brave Quaker helpers—that there was such a traffic and that it had

direct relationship with the legalization of prostitution; to the dignified and dispassionate report of trained investigators, received by a welcoming League of many Nations, and given not only recognized place but leadership in new efforts toward the abolition of such traffic. A far cry, but all embraced in the little over sixty years indicated by the dates.

The organization first formed in 1869 and called the "Association for the Repeal of the Contagious Diseases Acts" was soon followed by the "Ladies Association" for the same purpose, and then began Mrs. Butler's leadership of the cause.

As the Fawcett-Turner book clearly says, "The cause of the introduction of the Acts to regulate prostitution was the alarm, quite sincerely felt, at the increase of disease not only among the men of the army and navy but also among the civil population, especially where it was congregating in ever increasing numbers in industrial centers. The authorities had reason for alarm, but the alarm was exploited by those who wished to set up in England a system of regulation of prostitution modelled on that introduced into France in 1802 and already copied by several other European countries. This system was then regarded almost without exception by doctors and police administrators as the only method of dealing effectively with prostitution," although, as Mrs. Butler pointed out in a pamphlet issued in 1870, "evidence was already accumulating to show the system was ineffectual to stamp out disease."

This system, as is well known, included the registration and police supervision of prostitutes; their periodical examination for the detection of venereal disease; their retention in prison hospitals if diseased; their return, by permission, to prostitution as their trade after they were pronounced cured, and the constantly increasing effort of the police to get all suspected women on the registered lists and to prevent clandestine prostitution. The first open crusade against this system in England, launched by women, declared that the Contagious Diseases Acts, "so far as women are concerned,

removes every guarantee of personal security which the law has established and held sacred, and puts their reputation, their freedom, and their persons absolutely in the power of the police." Harriet Martineau, the great woman pioneer of journalism, gave publicity to the real nature of the Acts and clearly showed the grounds for the action of those favoring repeal.

The names of the women, and later of the men and women, who closed in behind Mrs. Butler in that repeal movement reads like a "Who's Who" of England's intellectual and moral élite. Mrs. Butler's clear espousal of the equality of rights between men and women drew the suffragists to her side. Her devotion to the Great Charter of the British Constitution, and her frequent quoting of its pledge, "To no man will we sell and to no man will we deny or delay rights and justice," with her clear inclusion of women in the bond, drew to her aid some of the great publicists and lawyers of the day; notably Sheldon Amos, who stood by her staunchly in her claim that the Contagious Diseases Acts violated the Constitution and Bill of Rights which were the foundation of England's government. The ministers of religion, less courageous for a long time, at last gave the sanction of the Church to the movement for repeal. The laboring people, who early saw that it was the daughters of the poor and not of the rich whose lives were despoiled by the licensed houses, rallied to Mrs. Butler's side first of all as she with unerring instinct appealed first in her public addresses to them.

The general public, with its mass mind, first gave full heed to the cause of repeal when William T. Stead sounded his blasts in the *Pall Mall Gazette* on "The Maiden Tribute" and proved that traffic in little girls for immoral purposes was a reality and tied closely to the system of licensed prostitution. The law as then administered gave him, as is well remembered, a prison sentence of six months as an "ordinary offender." The charge against him, as the Fawcett-Turner book well reminds us, was that of "criminal conspiracy, in

coöperation with another, to disregard the sacred right of a father to the possession of his child." This sacred right, it seems, included in the year 1885 the legal power to sell the child into the hands of lust and greed. We have moved since that day, when now the societies for the prevention of cruelty to children even deny a father's or a mother's "sacred right" to whip a child all they may think wise!

Not until 1886 did the total repeal of the Contagious Diseases Acts give Mrs. Butler the right to declare, "Say unto Jerusalem that her warfare is accomplished." The struggle for that result, however, had many side lines of education and scientific research and moral stimulus that have lived over to this day and even now are fruitfully working toward new developments of social welfare.

Mrs. Butler's reputation rests so specially upon her great task in the overthrow of licensed prostitution that many forget how sincere and how effective was her work in other directions. We are grateful that the last biography, of which we are now writing, gives fitting tribute to her contribution to higher education for women and her early adherence to the cause of woman suffrage. Her signature, we are reminded, was on the first petition to the House of Commons for equal franchise, a petition introduced by John Stuart Mill in 1867 and bearing 1,499 names.

She also, as early as 1865, was one of those petitioning for the opening of local examinations for Cambridge University to girls, and in 1867 she became President of the North of England Council for the Higher Education of Women.

Added to all her public and detailed work was a marvelous personal power of attraction and of influence. This reached across the Atlantic and stirred unique response in the hearts and lives of many in our country—Abby Hopper Gibbons of blessed memory; Aaron Powell and his wife and sister; the leaders of the Moral Education societies in New York, Philadelphia, and Boston; Grace Dodge, leading many social workers; Susan B. Anthony, leading the suffrage group;

Enoch Lewis and his wife, marshalling the Friends for an equal standard of morality; William Lloyd Garrison and the anti-slavery hosts both before and after the Civil War; the ministers of religion, led by that valiant defender of the right, Dr. Elliott of St. Louis; the women writers, summoned by the thrilling call of Helen Gardner in the *Forum* of early days; and all the founders of the American Purity Alliance which gathered the separated strands of this movement into one organized work. Later, the coming of William Coote to the United States gave the impetus to an organized effort against the traffic in women for immoral purposes and led to the formation of the Vigilance Committee in our country, led by James Bronson Reynolds, and so mightily supported by Theodore Roosevelt in his presidency. And finally the great influence of Dr. Prince Morrow, in his marshalling of the medical profession for a socialized and truly scientific work both in amelioration and in prevention of the diseases incident to sex promiscuity. At last, the binding together of all these influences in the American Social Hygiene Association.

Most of those now devoted to this Association and its work know little or nothing of the early labors into whose fruitage they have entered. But there are still a very few living whose memory enshrines the image of Josephine Butler and who specially rejoice at the celebration of her centenary. And those few, carrying in memory the varied steps that have led to the great result now embodied in the Report of the Experts to the League of Nations—a report, it may properly be claimed, which owes much to the generosity and insight of workers of our country and was forecast in essentials by the masterly report of Abraham Flexner on “Prostitution in Europe,” an outgrowth of the new devotion to research in the United States—those few have never lost the sense of the presence of a unique personality in Josephine Butler, unique for its spiritual influence upon all who came within her presence and for its power of giving a touch of the nearness of infinite values even to those who never came in bodily reach of her.



A unique personality indeed, combining in one life and work what seems never to have been so combined in any other man or woman. That combination was of the tender, compassionate, personal helper of the poor and outcast; of the vigorous mental leadership of a statesman of democracy; of the fearless crusader for truth and justice, and of the religious mysticism of the Christ ideal.

Tennyson proclaimed, "The individual withers but the world grows more and more." Perhaps we may never see the like of Josephine Butler again, any more than of Da Vinci or other well-nigh universal geniuses. In the many sided and highly specialized forces of to-day it is well, however, to pause a moment and see what kind of creature humanity can produce in one great person when the time and the occasion call.

## THE INFLUENCE OF JOSEPHINE BUTLER IN THE UNITED STATES

O. EDWARD JANNEY, M.D.

*Executive Secretary, The Committee for the Advancement of Friends' Principles*

The organized movement for social purity in the United States was initiated through the visit of two Englishmen, Rev. J. P. Gledstone and Henry J. Wilson. These men had been stirred to action through the work of Mrs. Butler, whose beautiful character and devotion to the relief of unfortunate womanhood were becoming felt throughout Great Britain and the Continent.

These two messengers hoped to create an interest in the cause in this new country that would produce, in America, the definite results that were coming in England from the work of Mrs. Butler and those who were coöperating with her. They achieved one notable result—interesting Aaron M. Powell and his wife, Anna Rice Powell, who together with a considerable group of their friends to whom they were able

to appeal established the first purity association in the United States. It was known as the American Purity Alliance, and through several years carried on valiant service in the cause through public meetings, literature, and the publication of a monthly journal called *The Philanthropist*. Later the American Purity Alliance and the National Vigilance Association (organized to destroy the white slave traffic in America and successful in this effort) were merged into the American Social Hygiene Association.

But all of this could not have taken place had it not been for the influence of Josephine Butler, who was the inspiration of the movement here as well as abroad. Her life is a shining example of what may be done when the soul has become inspired by a great enthusiasm for a noble cause. Her life was devoted to this movement without any selfishness. Her life was laid down in a very real sense for her friends.

In view of these facts it is proper to claim that to Mrs. Butler's influence a large part of the work done for purity and moral education in this country is due. What has been accomplished has been the passage of laws against pandering and other forms of prostitution by both the states and the general government; the prevention of the admission of improper persons as immigrants; the enlightenment of the medical profession and the public as to the prevalence and dangers of venereal disease; the banishing of all open houses of vice; and the general breaking up of the collusion that formerly existed between vicious resorts and the police authorities.

It may justly be said that while she lived Josephine Butler was the strongest moral force in the world.

## PIONEERS AND LATER PROGRESS

Recognition of the pioneer work of Josephine Butler and her contemporaries is made in the Report of the League of Nations Special Body of Experts on Traffic in Women and Children.\* The introduction gives the following account of the development of the movement against international traffic.

The present position in regard to the traffic in women cannot be fully appreciated without a brief account of the history of the movement to suppress it.

Coöperative action by Governments was first taken rather more than twenty years ago, but the seeds which finally produced this growth began to be sown by public opinion in different countries at least a quarter of a century earlier. The international movement developed actually out of the national examination of certain social evils connected with prostitution. It is important to remember this because it illustrates the difficulty which exists in separating internal conditions from international traffic.

The campaign against State regulation in England, which began in 1869 and ended by the repeal in 1886 of the legislation which authorized the system, is associated with the name of Josephine Butler. The effect of this controversy was felt not only in England; it exercised a marked influence on public opinion abroad.<sup>1</sup> Such distinguished names as Yves Guyot, Mazzini, and Victor Hugo are found among the supporters of the movement. In 1875, an international federation was formed at Liverpool which called itself "The British, Continental, and General Federation for the Abolition of the

\* The agency in the United States of America for the sale or distribution of this and other documents of the League of Nations is the World Peace Foundation at 40 Mount Vernon Street, Boston, Massachusetts. Part I, 50 cents; Part II, \$2.00.

<sup>1</sup> See report of Advisory Committee on the Traffic in Women and Children, Fourth Session, Annex IV. Reply of the British Government to the Questionnaire on the Subject of Licensed Houses.

Government Regulation of Prostitution.”<sup>2</sup> The first International Congress which was summoned by this body in 1877 was widely attended. One of the arguments used by the opponents of State regulation in England was that it “notoriously promotes national and even international traffic and commerce in prostitutes.”<sup>3</sup> Shortly after these words were written, they were destined to be fulfilled in a dramatic way. Allegations were made in 1880 about a traffic in girls from England to Continental brothels, and the British Government appointed a well-qualified barrister to hold an enquiry. The result of the enquiry established the truth of the allegations. The report presented in 1882 says:

“I find it to be a fact established beyond all doubt that for many years a trade or traffic has been carried on whereby a very large number of English girls—many, if not most of them, under the age of 21 years—have been enlisted to become inmates of brothels in Continental cities in consideration of fees or commissions paid by the keepers of the houses to the persons procuring the girls. . . .

“I find that fraud was frequently and successfully practised, that girls under age were easily enrolled, that in the case of English girls false certificates of birth were the rule rather than the exception, and that the girls entered upon a life, presently to be described, to which they were almost irretrievably committed, before they could possibly become aware of its true nature and condition. I find that in several cases misrepresentation, falsehood, and deceit marked every stage of the procedure, from the moment that the girl was first accosted by the *placeur* in England to that of her installation in the *maison de débauche*.”

The importance of this enquiry was that it led to the taking of strong legislative measures (Criminal Law Amendment Act, 1885) against procuration, which brought this traffic from England to the Continent of Europe to an end. One of the features of the legislation is that it was made an offense

<sup>2</sup> Now known as the “International Abolitionist Federation.”

<sup>3</sup> See A Comparative Survey of the Laws in Force for the Prohibition, Regulation, and Licensing of Vice, by Sheldon Amos, Professor of Jurisprudence in University College, London, 1877.

punishable by severe penalties to procure a girl or woman under 21 for unlawful carnal connection, not only in England but abroad. This Act was used as a model in connection with later international discussions.

A movement for the suppression of the "White Slave Traffic," as it was then called, came into being, and, owing to the devoted work of Mr. Alexander Coote in England and Senator Béranger in France, gained considerable influence in many countries. A congress was held in London in 1899, and as a result of one of the recommendations made by the Congress, the French Government took the initiative in summoning an official conference, which met at Paris in 1902. As a result, the International Agreement<sup>4</sup> for the Suppression of the White Slave Traffic was signed at Paris on May 18, 1904, by the delegates of twelve nations (Belgium, Denmark, France, Germany, Great Britain, Italy, the Netherlands, Norway and Sweden, Portugal, Russia, Spain, and Switzerland). By this Agreement the High Contracting Parties pledged themselves to take certain administrative measures, including the appointment of central authorities charged with the consideration of all information relative to the procuring of women and girls for immoral purposes abroad.

In an investigation made in the United States of America in 1908-1909 by the Immigration Commission on the Importation and Harboring of Women for Immoral Purposes,<sup>5</sup> it was established that a large number of alien women and girls were at that time being imported into the United States and distributed through the several states for purposes of prostitution; that some of these were unwilling but a larger number willing victims, that they were purchased by letters or through agents sent to Europe and Asia from time to time for \$200, \$300, \$500, \$1,000, \$2,000. Following this investigation, the United States Immigration Law was amended and the White Slave Traffic Act, which places severe penalties on the trans-

<sup>4</sup> See Part II, Annex IV.

<sup>5</sup> Senate document 753.

port in interstate or foreign commerce of women or girls for immoral purposes, was passed by Congress in 1910. It is believed that these measures have to a very large extent broken up the organized commercial traffic between the states and between the United States and other countries.

Six years after the International Agreement of 1904, the International Convention<sup>6</sup> for the Suppression of the White Slave Traffic (May 4, 1910), was signed at Paris by the delegates of thirteen nations (Austria-Hungary, Belgium, Brazil, Denmark, France, Germany, Great Britain, Italy, the Netherlands, Portugal, Russia, Spain, Sweden). By this convention it was agreed that, within specified limits, the procurement of women and girls should be made punishable by the laws of each country and offenses should be vigorously prosecuted.

The London Congress of 1899, which was convened at the instance of the National Vigilance Association, resulted in the diplomatic action to which the International Acts of 1904 and 1910 owe their origin, and was at the same time the starting-point of a complete organization for defensive and active measures against the traffic. National Committees for the suppression of the traffic were set up in all the principal European countries and their concentrated action exercised a great influence. These Committees, which were independent of the Governments but acted in agreement with them, had at their disposal the copious information supplied by the vast network of organizations for preventive work and the protection of girls which already existed in the Old World. This work brought the study of the traffic to a point at which the League of Nations was able to take it up and include it in Article 23 of the Covenant.

The publication in 1914, under the auspices of the American Bureau of Social Hygiene, of the result of a remarkable enquiry into "Prostitution in Europe" made by Mr. Abraham Flexner, again attracted attention to the matter in many

<sup>6</sup> See Part II, Annex V.

countries, as it showed that the evils discovered at the time of the earlier enquiries were still rampant. The Great War, however, put an end for a time to any further development of international work.

When the League of Nations was established, an article (23c)<sup>7</sup> was included in the Covenant entrusting the League with the general supervision over the execution of agreements with regard to the traffic in women and children. The League began its work by appointing an officer, attached to the Secretariat, whose special duty would be to keep in touch with all matters relating to the white slave traffic.

In June, 1921, an International Conference was summoned at Geneva by the League of Nations and was attended by the official representatives of thirty-four nations, thereby extending considerably the area of the international movement. Attention may be drawn especially to the work of this conference in four directions. It asked that the words "White Slave Traffic" in the international instrument should be replaced by the words "Traffic in Women and Children," thus making it clear that the measures adopted should be applied to all races alike; it suggested the substance of a new draft convention; it requested the Council of the League to set up an Advisory Committee; and it recommended that Governments should be invited to make annual reports on conditions as to traffic in women and children and on the measures taken to check it.

All these proposals were carried into effect. At the second ordinary session of the Assembly of the League, held at Geneva in September, 1921, an International Convention,<sup>8</sup> based on the recommendations of the Conference, which supplemented the provisions of the earlier instruments, was con-

<sup>7</sup> Article 23: "Subject to and in accordance with the provisions of international conventions existing or hereafter to be agreed upon, the Members of the League. . . . (c) Will entrust the League with the general supervision over the execution of agreements with regard to the traffic in women and children. . . ."

<sup>8</sup> See Part II, Annex VI.

cluded and signed by the representatives of thirty-three States.<sup>9</sup>

An Advisory Committee on the Traffic in Women and Children (which subsequently, by the inclusion of Child Welfare, became part of the Advisory Commission for the Protection and Welfare of Children and Young People) was set up, consisting of official delegates nominated by Governments and assessors nominated by the principal international organizations which deal with the suppression of the traffic. By this means closer coöperation was secured between official and unofficial activities.

The Advisory Committee has issued five reports, and as these have been published they need not be referred to in detail. For the purposes of this summary, however, attention may be called to three matters. The Committee, at its second session in 1923, passed a resolution<sup>10</sup> recommending that, "pending the abolition of the system of State regulation, no foreign woman should be employed in or carry on her profession as a prostitute in any licensed house." Some countries where licensed houses are in existence have acted on this recommendation.

At the same session the Committee proposed<sup>11</sup> the issue of a questionnaire to Governments on the subject of the licensed-house system and its effect on the traffic. In reply to this questionnaire, a considerable amount of valuable information has been obtained and will be referred to later in this report.

<sup>9</sup> See Part II, Annex III.

<sup>10</sup> "6. The Advisory Committee, having, at the request of the third Assembly of the League, examined the question of the employment of foreign women in licensed houses, recommends that, pending the abolition of the system of State regulation, no foreign woman should be employed or carry on her profession as a prostitute in any licensed house."

<sup>11</sup> "7. The Advisory Committee requests the Council of the League to authorize the issue of a questionnaire to the Members of the League, asking those States which have a system of regulation for a full report of its workings and results, together with a statement of the grounds on which it is advocated, and those States which previously had a system of regulation but have abandoned it for a report of the reasons that led them to take this course and of the results which have followed their action."



Finally, the Advisory Committee passed the resolution<sup>12</sup> which led to the appointment of the Body of Experts and the present investigation.

## A SOCIAL HYGIENE SURVEY OF NEW HAVEN \*

New Haven has definite advantages over many other cities for developing and carrying on a broad social hygiene program. Its social welfare activities are so organized as to indicate recognition by the community of a considerable group of social problems. This fact, in addition to its being a great university town and a center for medical training, a city whose residents realize the need for constructive social betterment, and a city whose public recreational and educational systems have been well organized, make New Haven a community with unusual opportunities for becoming a model city in the field of social hygiene. Some of the essentials for such a demonstration have been recognized and well provided for; other opportunities have been allowed to pass. It will be attempted in this report to call attention to the manner in which New Haven is dealing with social hygiene problems and to point out those features of the present activities concerning which experience in other cities and states suggests some change; also to propose for consideration certain additional measures.

<sup>12</sup> "9. (a) The Advisory Committee recognizes the great value of the proposal made by the delegate of the United States of America. A general study of the conditions under which the traffic in women and children is carried on would form a valuable source of information for the Advisory Committee.

"(b) The Advisory Committee suggests that the Council might appoint an expert or experts to undertake a study on the spot, with the collaboration of the Governments of the countries concerned and in consultation with any expert whom they may desire to nominate; and, if the principle of such a study recommends itself to the Council, the Committee would like to see the work undertaken without delay."

\* Summary of a survey made by the American Social Hygiene Association in coöperation with the New Haven Health Department, the Yale School of Public Health, and the United States Public Health Service. The social hygiene survey is a portion of a general survey of the city's health undertaken by New Haven and now nearing completion. This summary was presented as a report on the social hygiene survey on February 1, 1927.

Social hygiene as understood in the United States deals largely with such problems as the combating of the venereal diseases, the promotion of sex education, the reduction of commercialized prostitution, and other social problems growing out of the best or the worst use of sex as a factor in human life, such as marriage, divorce, and illegitimacy. President Charles W. Eliot for the purposes of the constitution of the American Social Hygiene Association endeavored to define the practical range of voluntary effort in the field of social hygiene as being: (1) To acquire and diffuse knowledge in its field, and to conduct on request inquiries into present conditions. (2) To advocate the highest standards of private and public morality. (3) To repress commercialized vice. (4) To organize the defense of the community by every available means, educational, medical, or legal, against the diseases of vice.

For the present ends, the last of these purposes is stressed, but one of the recommendations will be that advantage would accrue to New Haven if a local social hygiene society or major division of some existing organization were established to continue studies and voluntary effort in the whole field.

"Hiding behind a mask, man's most dangerous enemy strikes in the dark, and adds two out of every thirteen deaths to his score"—so syphilis is described in a statement recently made by the Metropolitan Life Insurance Company. The disease gonorrhea does not so frequently kill, but it has a disastrous effect upon the living. In fact, it prevents life, for gonorrhea is the chief cause of sterility.

Up to the time of the World War, little attention was paid to the problem of the control of venereal diseases. Then the United States government put into effect a successful program known internationally as the "American plan," consisting of education, recreation, legal and protective measures, and medical and public health work. These measures are recognized today as the essentials in a social hygiene program.

Education includes not only informing the patient about his disease and his duty in the protection of others, but far more—directing the sex life of the individual to wholesome expression. Thus social hygiene education in all phases is a powerful force in the prevention of venereal disease.

A community program of recreation for both sexes, if sufficiently interesting, may be counted on to occupy leisure time some of which might otherwise be spent in vicious amusements. Such a program when well organized and directed sets up high standards of fair play, social justice, and consideration for others, for lack of which much individual and domestic shipwreck now results. Recreation, especially when correlated with other protective measures, becomes an important factor in the reduction of those moral hazards which often result in exposure to the venereal diseases.

The relation of legal and protective measures to social hygiene and public health is fairly obvious. Anything that is done to curtail the exposure of susceptible persons to venereal disease carriers will depress the venereal disease rate. Those who indulge in promiscuous sex relations are practically all actual or potential carriers of venereal diseases. They are, therefore, mainly responsible for the spread of these diseases. Social hygiene legal and protective measures are calculated to limit the accessibility to the public of the most dangerous of such carriers. Good laws are the first essential in the handling of sex delinquents. Proper administration of the laws is even more important.

Protective measures on the part of official and voluntary agencies deal both with individuals and with their environments. They provide social safeguards which aid in the guidance and direction of the habits of young people who are drifting into sex difficulties and whose parents have been unable to provide such direction themselves by reason of death, separation, or other cause. They follow such of these predelinquents as have later become delinquents through the courts and supplement the court and institutional machinery

by sympathetic advice and practical assistance in making subsequent adjustments. They provide the needed assistance to both minors and adults who are mentally unfitted to meet adequately the problems of sex. In addition they provide certain activities which are calculated to make for a wholesome environment, such as traveler's aid work, supervision of public playgrounds, school visiting, especially in connection with truant cases, and provision of adequate lighting of parks.

Medical and public health work has for its chief objectives the prevention of disease in a broad sense, and the discovery, treatment, and follow-up of infected individuals in order to restore them to health and prevent the exposure of their families and others in the community.

Early in the survey an incidence study was undertaken to discover the extent of the medical problem. How prevalent are syphilis and gonococcal infections in New Haven? On the answer to this question depends largely the program for the prevention and control of the venereal diseases. How great is the problem? What are its complexities? Who is seeing the cases? Are the majority of infections under the care of licensed medical practitioners? Do the public health authorities collect statistical data which are essential to the proper handling of the venereal diseases from an epidemiological standpoint? Do they apply this knowledge? These and other questions of a similar nature are fundamental to the understanding and evaluation of the public health aspect of the social hygiene activities in New Haven.

For information the student turns first to official records for such data. The state law requires that physicians report to the health officer of the city all cases of venereal diseases coming to their attention. A report is to be made by office number, with the provision, however, that if the patient fails to return for treatment while in a communicable state of the disease he is to be reported a second time by name and address. The State Department of Health received through

the City Health Department reports of 677 cases of venereal diseases from New Haven for the year 1927, including 292 cases of syphilis and 385 gonorrheal infections. These reports were furnished by 74 physicians, 2 hospitals, 2 clinics, and the jail.

To supplement official data, an incidence census was taken to find out how many cases of gonorrhea and syphilis were actually under treatment or observation by physicians and other licensed practitioners, clinics, and hospitals on a given day. In all, there were approached 380 physicians, 48 other practitioners of healing arts (osteopaths, chiropractors, and naturopaths), and 11 clinics, hospitals, penal and reform institutions. Of the 380 physicians, 296 proved to be actively practicing medicine, and of these 38.5 per cent reported that they were treating one or more cases of syphilis or gonorrhea. Fifty-one had cases of both syphilis and gonorrhea under their care, 38 reported only syphilis cases, 25 only gonococcal infections. Of the 11 institutions, 36.4 per cent reported cases. None of the osteopaths, chiropractors, or naturopaths reported any cases.

In all, 1,403 cases of syphilis and gonorrhea were reported as under treatment or observation in New Haven on May 12, 1927. This shows a rate of 7.39 cases per 1,000 total population. Of these, 857 cases were syphilis—a rate of 4.52 per 1,000 of population—and 546 were gonorrhea—a rate of 2.88 per 1,000. Males (1,007 cases) showed a rate of 10.46 per 1,000 of the total male population of New Haven, and females (396 cases) a rate of 4.24 per 1,000 of the similar group in the total population.

For purposes of comparison some original data collected by the United States Public Health Service and the American Social Hygiene Association in other cities and counties are quoted. In any comparison, however, it must be remembered that there are many important factors to be taken into consideration, such as size, density, and composition of population, its economic and social status, racial and nationality

groupings, municipal policy toward prostitution, availability of free treatment,—all having a bearing on the prevalence of venereal diseases. Atlanta, Georgia, showed a rate of 19.56 cases of syphilis and gonococcal infection combined per 1,000 population; Detroit, Michigan, 13.47; Cleveland, Ohio, 9.37; Peoria, Illinois, 15.60; Huntington, West Virginia, 10.49; Decatur, Illinois, 14.64; Pike County, Kentucky, 5.21; Morgan County, Illinois, 4.19; the New Haven rate was 7.39 per 1,000 population.

Among the urban communities studied it is seen that New Haven has a relatively low rate. It is interesting to speculate upon the accuracy of this figure. The low incidence rate in New Haven or any other city might be more apparent than real. In other words, there might be a large number of cases which are not receiving treatment from licensed agencies and which could not, therefore, be included in this kind of enumeration. In New Haven, a drug store canvass made to test this possibility showed considerable but not an unusual amount of drug store treatment and sale of nostrums. Probably about one-third of the total number of cases receiving any kind of treatment were of this class. This was somewhat less than has been found in other places or localities of similar size and composition. Other tests were made without disclosing evidence of an unusually large number of individuals not under treatment. No effort has been made as yet in New Haven to try the effect of an intensive campaign of public information to bring to the clinics and to private physicians those not being treated. It may be that in the large foreign population much ignorance exists in regard to the nature of these diseases and the necessity for proper treatment.

Certain facts are favorable to a belief that New Haven may have an unusually low incidence of venereal diseases. It is in a state which showed a comparatively low incidence of venereal diseases among men examined in the draft. A considerable number of the young male population are college students, which group, according to information received from

various sources, are relatively free from these diseases. Of the general population more than half are female, a group generally with low incidence, while in both Detroit and Cleveland the population is more than 50 per cent male, large numbers of them industrial workers. The Negro population is relatively small and socially and economically well off in New Haven in comparison with the other districts cited. Sex, social status, and economic status are all factors having an effect on incidence.

In the further tabulation of the data collected in the New Haven one-day census many significant facts were revealed. Some of them are here summarized. Of the syphilis cases about 63 per cent were male; of the gonorrhea cases, 86 per cent male. In Cleveland, 61 per cent of syphilis cases were male, and 75 per cent of gonorrhea; in Detroit, 63 per cent of syphilis and 78 per cent of gonorrhea were male; in Atlanta, 57 per cent of syphilis and 58 per cent of gonorrhea were male.

Of the total 1403 cases enumerated in New Haven, about one-fourth were acute or early (of all the male cases, 28.2 per cent; of the female cases, only 17.4 per cent). In Cleveland 38 per cent were early or acute; in Detroit, 41 per cent; in Atlanta, 47 per cent. New Haven seemed to have a relatively small proportion of new infections. In New Haven there were many more acute gonorrhea cases than there were early syphilitic infections. Of the total gonorrhea infections, 43.4 per cent were acute; of the total syphilis cases reported, only 13.5 per cent were early. Early syphilis and acute gonorrhea were found in the other cities in the following proportions: Cleveland, syphilis 32 per cent, gonorrhea 44 per cent; Detroit, syphilis 35 per cent, gonorrhea 47 per cent; Atlanta, syphilis 43 per cent, gonorrhea 52 per cent. New Haven's proportion of early syphilis was apparently especially small.

While venereal diseases in general were distributed between physicians, and clinics and hospitals, in about the proportion

60 per cent and 40 per cent, syphilis alone was almost evenly divided between private practice and public treatment. Early syphilis cases, however, were much more frequent in private practice than in clinics, while late cases of syphilis were apparently more widely treated in clinics than in private practice. Gonorrhea cases, both acute and chronic, were treated in private practice four times as frequently as in clinics and hospitals.

To the question included in the questionnaire, "In your experience, has there been an increase or decrease of the venereal diseases of late years, and what have been the probable causes of such increase or decrease?" 92 physicians made reply. Of these 17 (19 per cent) believed that there had been no change in the trend of the diseases either upwards or down in late years; 14 (15 per cent) thought that syphilis and gonorrhea were increasing in number; 61 (66 per cent) thought they were definitely decreasing.

Various statements were made concerning the trend of the venereal diseases and the reasons for its upward or downward movement.

Those who believed that venereal diseases were increasing named the following factors as influential: lax moral standards, after effects of the war; increase in drinking leading to promiscuity; inadequate prenatal care; and lack of education in the use of prophylaxis. Several doctors believed that the apparent increase was not one so much of actual incidence but rather one of bringing to notice previously unrecognized cases by better diagnostic methods.

Physicians holding the opinion that syphilis and gonorrhea were decreasing attributed the change to the education of men during wartime, more careful habits in sex hygiene, improved medical treatment, decrease in drinking of alcohol, the use of protectors and prophylaxis, better clinical facilities, and the present educational and preventive work of the United States Public Health Service, the American Social Hygiene Association, the American Medical Association, and other



health organizations. Several times the statement was made that physicians were seeing fewer cases because the clinics were drawing them away.

As has been pointed out in the introduction to the report of the survey, New Haven has a large foreign-born and native-born of foreign parentage population. Each foreign group has its own characteristics and tendencies—its superstitions, customs, and habits. Each group, also, has brought with it its own impressions and views in reference to relations between physicians and patients, health in general, clinics, self-treatment, and the corner drug store. These must be taken into account in studying the venereal diseases and social hygiene efforts of New Haven. Especially prepared educational material should be available for use in these groups.

The annual influx of Yale University students adds several additional thousands to the city's population, but the study indicates that although they add to the community's social problems their venereal diseases incidence rate is thought to be low and their diagnostic and treatment needs are met by the university department of health or by private physicians.

New Haven has many large and important industries. The economic hazards of venereal diseases are, therefore, of added importance, not only from the standpoint of wage loss, heightened production costs, and inefficiency due to labor turnover, but particularly, in a railroad center, from the standpoint of possible loss of human life and property due to wrecks attributable to paresis. Employers, because of their liability as insurers, are confronted with the question of accidents complicated by the factor of latent syphilis. Such complications often make for delayed recovery—hence for the payment of increased compensation.

In the study of the extent of promiscuity and the accessibility of promiscuous persons to the general population, every available source of information was sought. These sources included members of the underworld, taxi drivers, and keepers of hotels, roadhouses, and speakeasies. Among the general

population, students, teachers, and social workers were interviewed. Among officials, the police department, the courts, and the records and reports of institutions were consulted. The information from all these sources may be summarized as follows: Prostitution in the city of New Haven is neither open nor flagrant. Comparatively little solicitation was found to exist upon the streets. Such prostitution as exists is mainly clandestine, in connection with rooming houses, hotels, and apartments. The most serious situation as regards New Haven apparently centers around the use of the automobile and the roadhouses outside the city. A number of individuals and one or two of the social agencies have studied this latter problem in detail, and are convinced that it is a serious one. One such agency during the year obtained definite names and addresses of 192 girls who admitted sexual misconduct, many of them utilizing the roadhouses and automobiles. Ninety-two were said to be beginners.

As regards the measures in operation in New Haven both of prevention and protection and of punishment, it may be said that good beginnings have been made in all these directions. The city police are active in the suppression of prostitution and other forms of sex promiscuity. The high percentage (75 per cent) of convictions in the City Court, where almost all these cases are disposed of, testifies to the efficiency of the police as gatherers of evidence. It must be remembered, however, that most of the persons brought into the City Court are charged with "lascivious carriage," which means, for example, that two persons were found together by the police under circumstances which justified the charge that they had committed fornication or were about to commit it.

The existence and use of such a law obviously renders the task of the police much easier than it is in some other communities which have no such law and must prove prostitution or the offer to commit it by the testimony of one of the participants or of a policeman who was solicited. The use of the

"lascivious carriage" law in New Haven has this advantage also, that it enables the police and the courts to deal with men and women equally. This avoidance of sex discrimination by the police and courts of New Haven in dealing with its promiscuous persons is a noteworthy achievement and goes a long way to explain the comparative cleanness of the city from commercialized vice. This condition has been achieved in spite of the fact that the penalties which are meted out by the City Court are often of a kind and degree (small fines and jail sentences) which most other progressive communities have discarded as having no deterrent or rehabilitative value.

The condition of the court records was such that it was impossible to classify or analyze the work of any one year. It was apparent, also, that the judges had before them, at the time of sentencing convicted persons, a paucity of information as to their histories and their environments, and also as to their mental and physical conditions. It is perhaps for this reason that probation as a method of treatment is so infrequently used (3 per cent of convicted persons were put on probation in 1926).

The probation officers, particularly in the Juvenile Court, do not as a rule visit the probationers or otherwise closely supervise their activities during the probationary period. They are said to devote part time to other duties such as the collection of fines of convicted persons and to collecting support money for the "Department of Domestic Relations." They rely mainly on the periodic visits to their office of the probationer for information concerning the latter's activities.

There is only one woman police officer. She is apparently given discretion in dealing with delinquent girls, and has to spend part of her time in serving warrants and performing various duties assigned her by the Department of Domestic Relations. Several agencies and individuals pointed out the lack of adequate coöperation with voluntary agencies dealing with delinquents and predelinquents. They also stressed the need for greatly increased patrol work by women

police with adequate training and experience. There is evident need for assignment of such qualified officers, particularly in the neighborhood of the university and the high schools.

The Florence Crittenden Home was found to be receiving a number of girls committed by the court for various offences, as well as girls voluntarily applying for admission. Close quarters in the institution have made it impossible to separate these two groups; the consequence is an intermingling and crowding which is considered undesirable.

On the question of community understanding of the problems of venereal disease control it seems fair to say that the importance of adequate public information has not been fully realized by official and voluntary agencies in New Haven. Some pioneer work has been done through occasional lectures but thus far there has been no adequate community program. Health department officers and others have stated that some of the local newspapers have refused to carry material relating to venereal diseases, and that even such an item as a notice of the removal of the Venereal Disease Clinic to another location has not been printed. But little use thus far has been made of such publicity media as pamphlets, posters, exhibits, motion pictures, and lectures, all of which have been found of great value in other cities.

Interviews were had on the streets with 80 men in various parts of the city to test the current views of young men. The interviewer asked where an infected person might best go to be cured. Fifty individuals advised him to use "home remedies" for self-medication, or to go to drug stores; some had insufficient information on which to hazard any answer. Of the remaining thirty, nineteen recommended that he go to a physician; and eleven suggested clinics.

The New Haven Library, on Elm Street, contains a fairly comprehensive collection of social hygiene literature accessible to the general public. The Yale University Library, how-

ever, at the time of this study, had its social hygiene books restricted or so widely scattered that such reference publications, for example, as Flexner's "Prostitution in Europe" and the JOURNAL OF SOCIAL HYGIENE were not readily accessible for use even by students directly interested in sociology, history, community planning, and other related subjects.

It is encouraging to note that sex education—which the United States Public Health Service and many state and city health departments are finding of great value in supplementing their more direct health educational programs—has made a well-grounded start in New Haven. The results of this survey indicate that, while quantitatively the numbers of young people receiving such education through school and church sources are as yet small, the quality and spirit of the work are good. Two hundred senior girls in the high school now receive definite instruction as part of their course in biology; this instruction could readily be extended to all of the seven hundred boys and girls taking biology each year. With tact and careful selection of the teachers, such work might now be considered for even more general adoption in the high schools.

The Young Men's and Women's Christian Associations and Young Men's and Women's Hebrew Associations have coöperated during the past year in a five-lecture series for men and women. In addition the Young Women's Christian Association has instituted a leader-training course under direction of social hygiene specialists.

Several churches have arranged occasional discussions, and one church provides for the individual instruction of each child approaching puberty. Through discussion groups for youth, the consideration of questions of social relationships is provided.

Yale University at present is giving definite instruction to only the 110 students electing personal hygiene, but the university has a standing committee on sex education which is studying the advisability of a broader program.

These demonstrations and the response from leaders of other agencies are a further indication that the efforts of a local social hygiene society or division of some existing body would be welcomed.

The proposal has been advanced in support of health conservation that next to the maintenance of law and order in the state it is the duty of scientific government to endeavor to control endemic diseases, and that for economic reasons alone governments are justified in spending for prevention of such diseases a sum of money equal to the loss which is inflicted upon the people, and that the money so spent should be apportioned in accordance with the amount of illness and mortality caused by each disease; and finally that it is the duty of governments to make and enforce all necessary regulations for the prevention of such diseases, and the duty of the people to comply with the provisions of such laws.

If this proposal be accepted, it is logical for a health department to assign a generous proportion of its budget to activities in coöperation with physicians and voluntary agencies in a program looking toward the prevention and control of the venereal diseases. In such a program the public health, medical, nursing, and related measures which should receive adequate support are:

1. Medical advice and diagnosis for infected individuals.
2. Treatment for their benefit and for the protection of the public.
3. Personal instruction regarding protection of others from infection.
4. Social service follow-up measures to keep the patients under continuous treatment or observation and to ensure the protection of the public.
5. Requirement of notification of cases to the health authorities under specific conditions adapted to purposes of control and eradication of these diseases.

6. Isolation or quarantine measures applied when necessary because of inability, refusal, or failure of the individual to carry out instructions of the Health Department.

Because of the nature of syphilis and gonorrhea and the frequent lack of readily detected evidences of infection the primary responsibility for the treatment and control of patients with a venereal disease rests upon the medical profession. For the same reasons the community has an added incentive for discharging its duty to those persons who are not able to pay for the services of a private physician. New Haven has recognized both of these obligations in large measure. The facilities for hospitalization of patients requiring bed care are adequate.

There are two services available for the treatment of persons infected with syphilis or gonococcus infection. The City Clinic is under the supervision of the Health Department. The New Haven Dispensary is a polyclinic and under the direction of the Medical School. The former has the disadvantages of an isolated clinic; the latter has the advantages of a polyclinic. Neither is operating to the full capacity of many clinics which provide the increased efficiency in diagnosis, care, and preventive effort which might be attainable through some combination of the two.

A careful study of the records shows that neither clinic is carrying an expected case load. Average new admissions per annum for the two clinics together are under five hundred. The study shows further that the type of services furnished by the New Haven Dispensary more frequently meets the needs than does that of the City Clinic. The type of individualized service which is given in the New Haven Dispensary, where a large consultant staff is available, obviously cannot be provided at the City Clinic, because of the fundamental difference in organization.

The case record system of the New Haven Dispensary com-

pare favorably with that of other university clinics of similar high standing, except that lack of a diagnostic file makes it impossible to extract records on specific subjects. The records of the City Clinic were not up to this high average. Both of these clinics fail to meet the needs for adequate social service and follow-up of their cases.

An attempt was made to evaluate New Haven's activities for the prevention and control of the venereal diseases in terms of the appraisal form devised by the American Public Health Association for the purpose of studying and scoring municipal health work. Under venereal disease control three criteria are named: first, reporting (scoring 12 points); second, clinical service (30 points); and third, cases returned to physicians or clinics (8 points).

The standard for reporting is 400 cases per 100,000 population (New Haven population, 181,907 in 1926). On this basis 728 reports for venereal diseases should have been received by the New Haven Health Department during 1926, instead of 449 actually received. This gives a rating of 7.4 points out of a possible 12.

The standards for clinical service are, first, clinic registration (10 points)—800 registrants per 100,000 population; and, second, clinic visits (20 points)—10 visits per new patient registered. On the first of these two standards the rating would be 5.6 points out of a possible 10. This rating is based on an estimated clinic registration of 825 for 1926 (exact figures for all clinics not available) as against a standard requirement of 1,455 registrants. On the second standard—clinic visits—there were 427 new patients registered, while a total of 12,755 visits were made to clinics, thus giving a full credit of 20 points on the basis of 10 visits per new patient as standard.

Under cases returned to physicians or clinics (per cent of cases returned to physicians or clinics after having stopped treatment) the standard is 60 per cent of discontinued cases returned (8 points). Records of such cases were too inade-



quate to serve as a basis for computing a rating. The survey showed that follow-up work in clinics was not well organized, and such work as was done was not recorded. The amendment to the reporting law (see p. 230) should be of great aid in the follow-up of delinquent patients.

Taking all these factors into consideration, on the basis of standards outlined in the appraisal form New Haven would score a rating of 33 out of a possible 50 points allotted to venereal disease control. Even though it may be claimed that this poor showing is largely accounted for by lack of records on which to compute the necessary figures, the lack of records is in itself a serious commentary on the efficiency of the agencies who should supply them.

As has been indicated, there is some evidence that a considerable number of infected persons are attempting to treat their own diseases either by purchasing from the druggists advertised nostrums, or by having prepared remedies which have been recommended by well-meaning or ignorant friends. In an important percentage of cases it was found that druggists were attempting not only to dispense remedies but to diagnose and to prescribe specific treatment.

While the incidence of syphilis and gonococcus infections in New Haven was found to be low in comparison with other cities studied, there is, nevertheless, good reason to believe that greater effort on the part of both official and voluntary health agencies to discover infected persons, to educate the general public in regard to the danger of these diseases, and to inform those exposed of available facilities for diagnosis and treatment, would discover additional cases and still further strengthen the city's program for the control of these diseases.

No adequate facilities for either diagnosis or treatment are provided at present for two groups which require more attention than has yet been given them, viz., those persons convicted of sex offenses and those committed to the county jail in connection with their sentences. These groups com-

prise men and women who have already indicated their disrespect for law and their disregard for the protection of others. They should be given a general examination, including examination for syphilis or gonorrhea, and if infected should be treated before being given unrestricted freedom.

### *Recommendations*

(1) It is recommended that the social hygiene program of the Health Department in coöperation with other official and voluntary agencies be made more comprehensive by making available to selected groups speakers who will give sound information and advice; also by making available to physicians, special groups, and individuals pamphlets and other suitable literature on social hygiene, in various languages; by furnishing physicians and clinic staffs instruction leaflets on gonorrhea and syphilis to be given patients under treatment; also by the inclusion of motion pictures and other display material on venereal disease control, adapted to special health exhibits; and by making it widely known that personal advice and information service in regard to the venereal diseases is available to all through the Health Department.

(2) It is recommended that provision be made for a full time Medical Director of social hygiene activities in the Health Department.

(3) It is recommended that a definite annual program of instruction be developed for both visiting nurse associations and school nurses in problems relating to venereal disease control, for the benefit of new workers and to stimulate interest in those who have been on the staff for more than a year.

(4) It is recommended that a determined effort be made by the Health Department to secure more complete reporting of acute venereal disease cases by the medical profession in compliance with the state law.<sup>1</sup>

<sup>1</sup> The Connecticut Statutes, Chapter 127, Section 2415 of the Revision of 1918, as amended in 1927, states: (See next page.)

(5) It is recommended that the two clinic services be combined and operated as part of a well organized polyclinic with provision for the continuance of evening sessions.

(6) It is recommended that the private practitioners, the clinics, and the hospitals be encouraged to greater efforts to secure the source of infection in all cases of venereal diseases, and that these sources be followed up for the purpose of bringing infected persons under observation and treatment either by the physician where practicable or by the constituted health authorities.

(7) It is recommended that a sufficient number of trained social workers be provided for the follow-up of patients in clinics treating venereal disease cases. For the best results and the proper correlation of these services in relation to the clinics and hospitals these social service activities could be more adequately supplied through a special division.

(8) It is recommended that the record systems in the city and juvenile courts be reorganized and extended and that necessary personnel be added. Annual reports should be prepared in which the cases coming before the courts should be classified and analyzed in detail and the methods and activities of the probation and other court personnel described. A program of activities for employing the leisure time of persons detained at the Children's Building should be established.

(9) It is recommended that the state's attorneys for New Haven county and other counties nearby, in coöperation with the state police, should attempt to secure injunctions against

*“Every physician shall report in writing every case of cholera, yellow fever, typhus fever, leprosy, smallpox, diphtheria, membranous croup, typhoid fever, scarlet fever, diseases of a venereal nature, or other contagious or infectious diseases occurring in his practice, to the health officer of the town, city, or borough in which such case shall occur, within twelve hours after his recognition of the disease, provided in reporting any disease of a venereal nature the name of the patient suffering from the same shall not be disclosed, except that any physician who has been treating a case of venereal disease shall report the patient by name, address, age, and occupation when the patient shall fail to return for treatment while in the communicable stage of the disease. Every person who shall violate any provision hereof shall be fined not more than twenty-five dollars.”*

the owners and operators of disreputable roadhouses accessible from New Haven and have them abated as public nuisances, as provided in Section 2705, Rev. 1918. Criminal action might also be taken against some of these places and the owners or drivers of cars who visit them, under Chapter 77 of Acts of 1919.

Attention is also invited to the new Massachusetts Road House Law (Chapter 140, Section 182, as amended by Chapter 299, Acts of 1926; and Sections 183A, 183B, and 183C as enacted by Chapter 299, Acts of 1926). Under this law all roadhouses must be licensed under terms and conditions satisfactory to the licensing authorities. In towns having less than 2,500 registered voters the license must be approved by the State Commissioner of Public Safety. Such licenses may, after notice, be suspended and, after hearing, revoked. Severe penalties for operating without a license or for violation of the terms of the license may be inflicted by the courts.

(10) It is recommended that adequate provision be made for at least six policewomen whose qualifications should equal the minimum proposed by the Committee on Qualifications of the International Policewomen's Association.

(11) To aid in carrying out the recommendations contained in this report it is recommended that a New Haven Social Hygiene Society or Committee be organized as soon as may be practicable, or set up as a major division of some existing agency. Such an agency is particularly needed in New Haven (a) to help in coördinating the many worthy social activities now being carried on, (b) to support the Health Department in its efforts for a comprehensive venereal disease control program, (c) to coöperate with the officials in the enforcement of laws against prostitution, (d) to promote an informed public opinion on the social hygiene problems of the community, and (e) to serve as a clearing house for information, discussion, and action on these problems. Such a society, because of the prestige of the city and university, and because of the close contact that can be planned

between the local society and the national association, has possibilities of making New Haven an outstanding example of community development in the social hygiene field.

In addition to the above recommendations the study indicates that consideration might well be given to the following suggestions:

It is suggested that the Health Officer and the Public Health Committee of the New Haven Medical Society might collaborate further in preparing a joint social hygiene program for close coöperative efforts of physicians and department staffs in this field of public health endeavor.

It is suggested that greater attention should be given by the probation staff of the city to social hygiene problems. Consideration of this matter, however, may involve an increase in personnel and reorganization of their assignment and direction.

It is suggested that the visiting teachers' service might likewise be increased with advantage under the direction of a specially trained and experienced visiting teacher, unless the same end can be attained through some existing home visiting agency.

It has also been suggested that a study should be made of the influence of vocational guidance available under the direction of an experienced and trained director in the public schools.

It is suggested that consideration should be given to a return of the Florence Crittenden Home to the function of caring for unmarried mothers and pregnant girls voluntarily admitted, with the transfer of committed girls to some other institution.

The detailed divisions of the report and source material on which this general statement is based will be filed with the Community Chest for study and reference. These divisions are (I) Informational Measures, (II) Educational Measures, (III) Legal and Protective Measures, (IV) Medical Measures.

## EDITORIAL

## A CRUSADER AND HER ALLIES

The path of the crusader usually is a thorny one with little in it of present glamour or glory. Particularly is this true when the battle is waged against an institution which has gained official sanction as a measure for public health and safety and which, through centuries of tacit approval, has become strongly entrenched in law and custom. Such was the institution of reglementation when Josephine Butler unfurled the banner of decency and justice and unloosed the artillery of clear thinking and fearless publicity against the most notorious evil of history.

The starting of her crusade in 1870, her indomitable courage under fire—a fire which often used the poison gas of innuendo, threat, and epithet to increase its effectiveness, her undaunted persistency and her ultimate victory on many sectors of the battle front, are recorded for posterity and are beginning to receive their merited appreciation from the world she served. It is a pleasure to note, also, that this posthumous honor was, in Mrs. Butler's case, preceded by a very real recognition of her efforts during her lifetime. She had the gratification of seeing many of her tenets put to use and of witnessing the downfall of many regulatory entrenchments before her attack.

It is worthy of citation, in connection with the starting of this crusade, that a body of outstanding medical men were the first to lend encouragement to this movement against the system of regulated prostitution. We have seen many times the statement made that "both medical and police authorities believed that prostitution was necessary, but that its evil consequences could be obviated by cruel and repressive methods directed against women alone." This generality, like most, is a half-truth at best. On this point we have Mrs. Butler's

direct testimony as given in the volume "Josephine E. Butler, an Autobiographical Memoir." In reciting the events leading up to her crusade she says, "The appeal to take up this cause reached me first from a group of medical men, who (all honour to them) had for some time been making strenuous efforts to prevent the introduction in our land of the principle of regulation by the State of the social evil. The experience gained during their efforts had convinced them that in order to be successful they must summon to their aid forces far beyond the arguments, strong as these were, based on physiological scientific grounds. They recognised that the persons most insulted by the Napoleonic system with which our legislators of that day had become enamoured, being women, these women must find representatives of their own sex to protest against and to claim a practical repentance from the Parliament and Government which had flung this insult in their face."

A study of the history of this movement against regulation will show that outstanding physicians, who have given careful study to the problem, have been among the most notable and influential supporters of efforts directed against the system. They have not been misled by the sophistries of its adherents, but have cracked the shell of pseudo logic and exposed the rotten and worm-eaten kernel within. In fact this is true of the great majority of persons who have thought the matter through. They realize that attempts to regulate prostitution promote disease, crime and a disrespect for law; they know that the keyword must be abolition—not regulation.

The memory of Josephine Butler will be commemorated in many lands during the centenary celebration in April and this world-wide recognition is a signal indication of the progress achieved toward the fulfillment of her purposes. Social hygiene forces in the United States will join in this tribute and will submit with pride their records of progress in the elimination of the wrongs to the righting of which Josephine Butler devoted her life.

## SOCIAL HYGIENE BULLETIN

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**Josephine Butler Centenary Celebrations.**—The service of Josephine Butler to the advance of social hygiene throughout the world is being commemorated during April by many meetings, not only in England, the country of her birth and of her first and longest-continued public labors, but in other countries touched by her influence as well.

In London—headquarters of the organization founded by Josephine Butler, the Association for Moral and Social Hygiene—a commemoration service will be held in Westminster Abbey on Wednesday, April 25th, at 5 P.M., followed by a great public demonstration at the Central Hall, Westminster, at 8 P.M.

Liverpool, Josephine Butler's home for sixteen years, will pay honor to her in a special service in the Cathedral on April 26th and a public meeting on April 27th.

The International Abolitionist Federation, founded by Mrs. Butler in England in 1875, holds its annual meeting this year in England, and many of its delegates from other countries will arrive in time to attend the celebrations in London and Liverpool.

Other meetings will be held in Cambridge, Hull, Leeds, Manchester, Oxford, and elsewhere in England; in South Africa, Australia, and New Zealand; on the Continent of Europe; and in America. A meeting in New York has been planned by the American Social Hygiene Association, one of whose parent organizations, the American Purity Alliance, worked in coöperation and in personal correspondence with Mrs. Butler in the seventies and eighties of the nineteenth century. In other cities of the United States the Association is assisting Social Hygiene societies and other groups in plans for observance of the



Centenary, and some of the members of the American Purity Alliance and the Society of Friends are participating in the arrangements.

American members of the Council of the Josephine Butler Centenary Committee, the Committee which has initiated this world observance, are Miss Grace Abbott, Chief of the United States Children's Bureau, Washington; Miss Jane Addams, Hull House, Chicago; Dr. Katharine Bushnell, one of two American women who, after conference with Mrs. Butler in England in 1893, undertook at her request an inquiry into the workings of the system of regulation in India; and Mr. Abraham Flexner, author of "Prostitution in Europe."

**A Million Treatments for Venereal Diseases.**—During the last eight years, the various venereal disease clinics of New York State have administered 1,000,000 treatments. Modern treatment given early, rapidly reduces infectiousness of patients, and it is reasonable to believe that new infections and the number of possible general paretics have been reduced by clinic activities. Many of the men and women would have been obliged to go without any scientific treatment if these clinics had not been established. Physicians in cities may refer to the clinics needy cases or those unable to pay for long continued treatment. In rural districts where it is impractical for the patient to attend a clinic, the state provides the physicians with arsenicals, either arsphenamine or sulpharsphenamine.—*Health News*, March 12, 1928.

**Syphilitic Infection Among Negroes.**—In an article entitled "Life, Death, and the Negro," in the February *Journal of Outdoor Life*, Louis I. Dublin, Statistician for the Metropolitan Life Insurance Company, New York, shows that the Negroes in America have made a remarkable achievement in recent years in bringing down the rate of Negro mortality. A great prevalence of syphilitic infection, however, tends to keep the rates from all degenerative diseases high.

"Syphilis and its sequelae, indeed, probably account for the difference between the mortality of the colored people and that of the whites. In 1926, the Negro death-rate from syphilis, locomotor ataxia, and general paralysis of the insane (the last two of which are syphilitic in origin) was 41.1 per 100,000. This is double the rate of 1911 (20.4 per 100,000). These diseases still work havoc among the col-

ored people, especially among city dwellers. Their worst effect is on the new generation because the greatest toll is taken during the first month of life. They are responsible for many of the stillbirths that occur among colored women. They also account for a great many deaths later in life, ascribed by physicians to heart and arterial conditions, and they are probably at the bottom of a great many cases of tuberculosis. From every angle, these venereal diseases appear to be the most important single obstacle in the health progress of the race."

**An Important Item of Progress.**—In a communication dated November 14, 1927, the French Chief Commissioner of the Rhineland Commission informed the German Government Commission in Coblenz that the French Military Authorities would raise no kind of objection to the putting in force of the German Reichs law against venereal diseases, and in particular, that the closing of the existing bordels in the occupied territories would be considered as an exclusively German concern.

Since the way was thus clear, the German authorities immediately closed the bordels in question, and now as in other parts of German territory the comprehensive wish of the London Congress has been attained in a degree beyond criticism. Bordels as well as the police regulation of prostitution have ceased to exist in Germany.

This is an outcome of the discussions in the Seventh International Congress for the Suppression of Traffic in Women and Children held in London last summer.

**Summer Courses at Columbia.**—Columbia University's Bulletin of Information regarding the summer session of 1928 announces a course in "Biology for Social Hygiene and Social Work", given by Miss Caroline E. Stackpole, Professor M. A. Bigelow, and special lecturers; one in "Social Hygiene and Sex Education," by Professor M. A. Bigelow and special lecturers; and among several relating to family social work, one on "Social Problems of the Family," by Professor E. R. Groves, Research Professor of Sociology, North Carolina.

**Race Betterment Conference.**—At the Third Race Betterment Conference in Battle Creek, Michigan, January 2-6, 1928, the problem of discovering and bettering trends of human development was

approached from many sides, by men and women known for many kinds of contribution. Here follow a few extracts from the things said:

E. M. EAST, *Professor of Genetics, Howard University.*

It would be difficult for an intelligent person to find objectionable features in eugenics, if eugenics confined itself to the definite ends proposed by Galton in 1883—"the study of the agencies under social control that may improve or impair the racial qualities of future generations, either physically or mentally." But a truly Pythagorean doctrine, with study a joy in itself, appeals to few minds; most people want action.

Here is where the trouble begins. Doubts arise. Is a given eugenics procedure based upon sound principles? Is it desirable? Is it expedient? And such hesitancy is right and proper. The duty of doubt is an especially serious obligation in applied science. An error in a general biological theory or in a hypothetical mathematical equation is of no great importance. The principle of natural selection, which is at work in the intellectual as well as in the physical world, ultimately will destroy them. A mistaken conclusion in genetics applied to human affairs, however, or an erroneous calculation in planning a great bridge, may have grave consequences.

We may accept the laws of genetics as being applicable to man without reservation. But is it practicable to utilize this knowledge in racial improvement? On this point I am neither an optimist nor a pessimist. I am sympathetically hopeful. We must, of course, continue to investigate the inheritance of human traits. Our generalized knowledge that various characteristics are inherited, and that their distribution follows the distribution of the chromosomes, is not enough. We must know whether different genetic mutations can bring about the same visible result. In complex traits, we must find out how the genes interact. Moreover, if we are to deal with mental differences, we must ascertain how to determine them precisely. But granting the desirability of increased enlightenment along these lines, is there any practical method of applying the present knowledge?

I believe there is. The eugenicist may take a firm stand on immigration. A considerable number of physical and mental abnormalities are known to be hereditary. It seems reasonable to demand the exclusion of families in which such traits exist even if the exact mode

of inheritance has not been discovered. Thus something can be done to prevent American manhood and womanhood from deteriorating without any particularly harsh or unwise laws.

To deal with the individual cases on the grounds, so to speak, is not so easy. Take feeble-mindedness as an illustration. About 70 per cent of the instances of feeble-mindedness are hereditary. And though numerous modifying genes change the grade of mental deficiency, the thing that actually prevents the mind from functioning is the defectiveness of a single gene. Feeble-minded individuals, when mated, produce only feeble-minded children. For this reason, the proposal to segregate or to sterilize the low grade feeble-minded is sound. But will this practice eliminate feeble-mindedness? It will not. The defect is recessive to the normal condition. And about 200,000 out of our national feeble-minded population of 300,000 have appeared in families where normal parents are carrying feeble-mindedness in half of their germ cells. I fear that similar crops of the mentally deficient are to be expected in each generation.

My own feeling is that the greatest practical eugenic good will come from a very general code of action. Much of what goes to differentiate the high grade from the low grade individual is hereditary and is inherited in a complex manner due to the large number of genes involved. This is true both of physical and mental characteristics. If more accurate means of estimating the relative physical and intellectual grade of the individual were discovered, if such examinations were a part of the national health program, and lastly if knowledge of genetic laws were widely diffused, then the more intelligent and healthier people would mate together more frequently. True, the less intelligent and the physical anomalies would also mate more frequently; but with a clearer genetic point of view among our physicians, some control might be utilized as a tool to lessen their reproductive efficiency.

OSCAR RIDDLE, *Carnegie Institution, Station for Experimental Evolution, Cold Spring Harbor, New York.*

This and other similar conferences are founded on the conviction that knowledge rightly and sufficiently applied will better the condition of the race. Adequate leadership here requires that we consider not only present knowledge, but also the question of acquiring the type of knowledge that will—when available—serve us precisely and

best. It is through the control of heredity that the condition of mankind will be most advanced in the future.

By the new definition of heredity, the hereditary factors or genes are merely co-equal with *conditions* in heredity—*i.e.*, in the formation of the adult characteristics. The problem of control can be approached from either side—the hereditary factors, or the conditions. It is concluded that the most practical, effective, and far-reaching control is and will be attainable through a control of conditions. As a basis for this conclusion a number of examples of control already attained in animals are cited. These include: the production of the giant; the production of the gill-breathing or the air-breathing animal (axolotl) at will; the reversal of tail to head; the production of two eyes or one; of normal legs instead of extra legs; the change of female to male and the reverse; of white color to black, or black to white; and the almost infant mammal made sexually mature. Theoretically it is possible thus to give to man stronger resistance to disease, greater physical and mental strength, longer length of life, and the more desirable type or degree of all his many and diverse adult characteristics.

These and many other cases of developmental control—truly a control of heredity since specific conditions are in every case united with the hereditary factor in the production of the adult character—have been obtained in unorganized and isolated research on animals. The application of these results to man offers special practical difficulties, which, however, are of such order as to be overcome by an adequate organized research. Such a research—even a recognition of the need for it—remains to be created. Since such a new and special foundation would so largely hasten the attainment of the major projects for racial betterment, it merits the liveliest interest and approval of all those who are directing thought and effort to this end.

HENRY F. VAUGHAN, *Commissioner of Health, Detroit, Michigan.*

Of one thing I am convinced, and that is that there are those who cannot be made over into desirable citizens by improvement in environmental conditions. The continued reproduction of those should be checked. They reproduce their kind abundantly and without any sense of responsibility. Statisticians say that the criminal and moron classes are multiplying at a rate far beyond that of the population at large.

I believe that certain classes of people should be subject to desexing operations, and that this should be done with the approval of the law. I would begin with those convicted of murder in the first degree. Whether these, in addition to the desexing, should be detained in penitentiaries or houses of correction would depend upon the circumstances surrounding the case. I believe that those who are convicted of burglary, especially those carrying arms, should be desexed.

I think that those who show themselves during their school life to be low grade morons should be desexed before they reach the reproductive stage; then after this operation they should be encouraged to marry because marriage tends to stabilize and fix the location of these people. Indeed the state could afford to pay those of this class a small annuity so long as they complied with the details of the law. It is generally assumed and stated that it is the instinct of reproducing his kind that leads man to marry. I believe that this is not the case and that reproduction is not always in the mind or even desired when this ceremony is performed. It is the mating instinct—one sex is the complement of the other, and there is in each a feeling of incompleteness which is satisfied only by mating. There are many happy homes without children, or with only one or two, and many unhappy ones with too many. The world is not crying out for more inhabitants.

WILLIAM J. HICKSON, *Director Psychopathic Laboratory, Municipal Court, Chicago.*

The Psychopathic Laboratory of the Municipal Court of Chicago is the largest crime clinic and clinic of abnormal psychology in the world. In twelve years more than 40,000 criminals have been examined in the laboratory. Every known resource of scientific knowledge has been used in studying the minds, emotions, nerves, physical equipment, heredity, and personal history of those unfit, ill-adapted, and anti-social human beings.

I have stated that it is my belief that punitive methods have failed. I do not wish this to be misunderstood. I have no brief for uninformed sentimentality toward crime and criminals. While a humane attitude is to be commended, unenlightened good-will may be, and often is, worse than useless. We need first enlightenment, and obtaining this, hatred and vengeance will disappear. Such enlight-

enment as we have obtained gives no warrant for allowing criminals to remain at large.

All the machinery of our punitive system is daily proved to be inadequate by the fact that crime is increasing, and this is one reason why I say the present system has failed. No sensible person can deny that society's real problem is to stop crime, rather than merely to exact "an eye for an eye and a tooth for a tooth." Obviously, the first consideration for stopping crime is an inquiry into the causes of crime.

Our basic finding, during twelve years' examination of 40,000 criminals is this:

Criminals are constitutionally defective. It is impossible to reform them. Defectives, or the inferior or semi-defective classes generally, from which criminals are bred, reproduce at a much faster rate than normal or superior individuals. The modern organization of life, particularly in America with its great economic surplus, enables more of the inferior and the unfit to survive and propagate than ever before.

As a result, bad heredity is in the ascendant and good heredity is on the wane. Human society is definitely menaced by the ascendancy of the unfit.

In applying itself to the undertaking of ending crime, and saving society from the dominance of the unfit, science has two recommendations to make:

1. Segregate congenital defectives before they have an opportunity to commit crimes.

2. Make it impossible for defectives to reproduce their kind.

It has been estimated that about 2 per cent of our population is mentally defective. Statistics show that about 2 per cent of the population becomes criminal. Investigation demonstrates that this is not a coincidence but a correlation. It is the same 2 per cent. But this two per cent absorbs about 35 per cent or more of the gross taxes and keeps the other 98 per cent of the people in the anxious seat most of the time. Criminals repeat and repeat; they are constantly in jail and out again; they are incorrigible.

There is but one conclusion to be reached in observing this persistent, repeated commission of crimes. The criminal is a unique and highly differentiated individual, deviating sharply from the

normal, and can only be understood and guarded against when considered as such.

It is my opinion that the spread of bad heredity—in other words, the crime problem—is one of the most menacing dangers with which humanity has ever been confronted.

LOUIS I. DUBLIN, PH.D., *Statistician, Metropolitan Life Insurance Company, New York.*

The United States today contains the most rapidly evolved aggregation of people in the world. Few countries present so interesting and colorful a story of growth and development. Never before have so many different races and so many divergent traditions been blended into a single national entity.

The clearest fact in our national life is that at the bottom we are a nation of foreigners. The constituent elements differ only according to the length of their American domicile. Our history has proved, however, that peoples of various races, of diverse traditions, customs, religions, and languages can live together in peace and prosperity, and build up a nation of striking unity and solidarity of purpose; and that this can be accomplished within the space of very few generations.

It is the family which forms the foundation of civilized life and which determines the well being not only of the individual but of the nation as a whole.

The break-up of families through divorce has become increasingly more frequent with the passing years. In 1925, there occurred more than one hundred and seventy-five thousand divorces in the United States. This is at a rate of 1.5 per thousand total population or one divorce for each seven marriages in that year. The rate for 1925 was three times as high as in 1887 when divorce registration for the whole country began. The frequency of divorce is now a major problem in our social economy and the evil is rapidly getting out of hand. In certain social classes divorce has become the fashion.

The divorce rate is highest in the southwestern states, including Arkansas, Louisiana, Oklahoma, and Texas. There were 6.5 divorces per thousand married persons in 1925. The lowest divorce rate was recorded in the Middle Atlantic States, which include New York, New Jersey, and Pennsylvania, where 1.5 divorces were recorded per thousand married people. In Nevada, the divorce rate



was 34.7 per thousand married population. This high figure obviously reflects the peculiar legal situation in that state. Oklahoma, Oregon, and Texas also show high rates. The lowest divorce rates prevail in New York, less than one per thousand married population, and in the District of Columbia.

**Extension of Community Health Centers.**—Harlem, New York, is convinced that a good health center is a good thing. At the annual meeting of the Harlem Board of Commerce, held on January 10, 1928, the following resolution was passed:

WHEREAS: The East Harlem Health Center was established at 345 East 116th Street, six years ago by the American Red Cross, and has been continued under the supervision of the Department of Health of the City of New York, and

WHEREAS: While the death rate of Manhattan in general increased 4.9 per cent for the five year period between 1920 and 1925 and during this same period the death rate in East Harlem showed a decrease of 20 per cent, and

WHEREAS: The operation of twenty-two health and relief agencies in close coöperation under one roof has been instrumental in prolonging life and promoting health in East Harlem, and

WHEREAS: The extension of the Community Health Center idea will be conducive to the promotion of health to the benefit of the entire City and State, therefore be it

RESOLVED: That the Health Department of the City of New York and the twenty-two agencies coöperating in the East Harlem Health Center be urged to promote the extension of this idea, and be it further

RESOLVED: That the Press be asked to coöperate in the promotion of this idea, and be it further

RESOLVED: That copies of these preambles and resolutions be forwarded to the Health Commissioner of the City of New York, the Press and the East Harlem Health Center.

The resolution was quite unsolicited, says Mr. Kenneth Widdemer, Executive Officer of the East Harlem Health Center, and is therefore the more gratifying evidence that the Board is in earnest and will prove a substantial ally to health work in both Harlem and East Harlem. The information given in the second paragraph was taken from a statistical report of the Health Center, "Casting the Life Lines for East Harlem."

One piece of social hygiene work in which the East Harlem Health Center is coöperating is the subject of an article on "Unlicensed Practitioners and the Venereal Diseases" in the February JOURNAL OF SOCIAL HYGIENE.

**Statistics for Syphilis in New York.**—Syphilis topped the list of communicable diseases in the state in 1927, with 37,919 cases reported. The increase is believed to be due largely to more complete statistics and not to an increase in new infections. The fact and the interpretation are given in *Health News*, published by the State Department of Health.

## ASSOCIATION NOTES

A program of sex education for Jefferson County, Alabama, is being very carefully worked out by the Jefferson County Board of Health and the State Department of Education with the assistance of the American Social Hygiene Association. Mrs. Margaret Wells Wood, staff lecturer for the Association, spent six weeks lecturing in Alabama in May and in October, 1927. Dr. Dowling, city and county health officer in Birmingham, and Miss La Forge, Director of the Division of Child Hygiene and Public Health Nursing, were interested in the possibility of making such work a permanent part of the health education program for the county by making available, especially to teachers of science and of other special subjects in the high schools and to the elementary teachers, special training in sex education and in methods of integrating it with various subjects of the curriculum.

As a result, Mrs. Wood was invited to return for a demonstration month, and has spent the month of March in Birmingham, lecturing under the auspices of the City and County Board of Health and the City Board of Education to groups including all the teachers of the city, all the public health nurses, members of the health education staff of the Board of Health, and a number of parents and social workers.

The series of lectures has been regarded as a means of developing a permanent program of sex education for the county and training persons who will be able to assume leadership in their communities in carrying it on. It looks toward the equipment of a supervisor for a continuing program in the schools, a program to be developed as an extension of work already established, without the mistaken emphasis that results from treating sex education as a separate subject. Dr. Dowling, the health officer, and Mr. Erwin, County Superintendent

of Schools, are both in sympathy with the project and feel that the schools are ready.

A further purpose is to make this demonstration in Jefferson County one which will be of interest to the state. It is being watched with interest by members of the health and education department of other southern states as well.

Miss McWhorter, of the Division of Health Education of the Health Department of Jefferson County, has prepared a manual of health education for the elementary teachers of the county. She has asked the Association's assistance in revising this before the opening of the schools in September to include social hygiene material.

\* \* \* \*

For the three-day Institute for Negro Social Workers held at the North Carolina College for Negroes in Durham, North Carolina, February 29 to March 2, 1928, Mr. Franklin O. Nichols of the Association's staff spoke on "The Technique of Approach in Social Hygiene," "Some Limited Objectives," and "Sex Education and its Bearing on the Negro Family Problem."

This is the third in a series of annual public welfare institutes for Negro social workers which have been held under the direction of the Division of Negro Work of the North Carolina State Board of Charities and Public Welfare. Each year Mr. Nichols has participated as a member of the faculty. The four other faculty members in the 1928 institute were Mrs. Kate Burr Johnson, State Commissioner of Public Welfare; Miss Lily E. Mitchell, Director, Division of Child Welfare, State Board of Charities and Public Welfare; Dr. Harry W. Crane, Director, Division of Mental Health and Hygiene, State Board of Charities and Public Welfare; and Lieutenant Lawrence A. Oxley, Director, Division of Negro Work, State Board of Charities and Public Welfare. Special speakers included Dr. E. D. Soper, Dean of the School of Religion, Duke University; Dr. Ernest R. Groves, Institute for Research in Social Science, University of North Carolina; Judge W. C. Brogden, Supreme Court of North Carolina; Miss Clara I. Cox, Interracial Commission; Dr. W. C. Linville, Superintendent State Hospital for Negro Insane; Ernest T. Attwell, Field Director, Bureau of Negro Work, Playground and Recreation Association of America; and C. C. Spaulding, President, North Carolina Mutual Life Insurance Company.

Social workers from all over the state constituted the audience.

The announcement extended a special invitation to officers and workers from voluntary social agencies, Young Men's and Young Women's Christian Association secretaries, Community workers, Jeanes supervisors, public health nurses, special teachers, and citizens interested in social work to attend the Institute.

Mr. Nichols' purpose in his three talks was to offer the social workers concrete guidance for practical work in the field of social hygiene in their own communities. According to his analysis, the opportunities they have are three: (1) to coöperate in the control of venereal diseases; (2) to coöperate in the control of prostitution and the rehabilitation of prostitutes and sexual delinquents; (3) to assist in child guidance, including sex education. To furnish material for the first of these needs, therefore, he included in his series of talks the nature of the venereal diseases and the machinery for their control. These subjects he discussed from the points of view of both case worker and community organizer, speaking of the venereal disease clinic, its equipment and personnel, the value of follow-up, the protection of members of the family of an infected person, and other aspects.

To meet the second need, he discussed the prostitute and the delinquent, the causes of prostitution and delinquency, and the processes of the court—the whole experience the prostitute would pass through from the moment of arrest in a community organized to handle the problem effectively. Mr. Nichols' purpose in this was both to teach social workers what the community organization should be and to show the relation of the case-workers to the total situation.

For the third need, the lectures dealt with the significance of sex in social life, types of sex problems and causes out of which those problems arise in child experience and child psychology, and the results traceable to poor child guidance in homes.

The especial significance of this course in social hygiene, says Mr. Nichols, is that it is the beginning of the recognition of social hygiene as a practical necessity in the training of a social worker. Similar courses are being included in the Atlanta School of Social Work and in the Bishop Tuttle School of Social Work, Raleigh, North Carolina.

\* \* \* \*

The Association's particular share in the Thirty-Second Annual Convention of the National Congress of Parents and Teachers, Cleveland, April 28–May 5, 1928, is a round-table conference on "Social

Hygiene" on the afternoon of May 3d, led by Mr. Newell W. Edson. Miss Permelia Shields and Mrs. Margaret Wells Wood will speak.

Dr. Valeria Parker will be one of the speakers in a round-table conference on "Spiritual Training," led by Mrs. Frank C. Porter.

The program for the convention includes much that will be of interest to people working in the field of social hygiene. Among other items, there are a conference on "Juvenile Protection," led by Dr. Miriam Van Waters, a conference on "Mental Hygiene," led by Dr. D. A. Thom, and an address on "The Ages of Childhood and Youth," by Mrs. A. H. Reeve. The general topic for the convention is "The Four Ages of Childhood and Youth in Relation to the Seven-fold Program of Home and School." Recreation has a large place in the discussions planned.

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Accredited courses in social hygiene will be given this year in summer schools of five of the most important Negro universities in the United States. Dr. Sarah Brown will give the course in Howard University and Tuskegee; Mr. Franklin O. Nichols in Hampton, the State Normal College of Alabama, and Bluefields, West Virginia. Fiske University also asked the Association to supply a lecturer for such a course, but no one was available.

In each of these five summer courses the purpose will be to equip teachers and teachers-in-training to give children wise help in working out their sexual adjustments to life. In so brief a time as six weeks, any attempt to give the elementary principles of biology, psychology, and sociology would necessarily result in mere smatterings. Therefore the lectures presuppose some acquaintance with these foundation sciences, and concentrate on an effort to familiarize teachers with methods of sex instruction.

The interest shown in these social hygiene summer courses is another evidence of the importance that both Negro and white leaders in Negro education attach to sound Negro family life. Further, the continuance of accredited courses in these summer schools and the increasingly comprehensive work in social hygiene offered in regular academic departments of the same schools indicate that sex education as a part of Negro educational systems has reached the point of assured permanency. This fact is a renewed challenge both to the Negro colleges and to the Association to further improvement in methods and techniques of instruction.

Virginia has four state teachers' colleges. In one of these Dr. Galloway gave a series of lectures last year; he has lately completed a two weeks' course in each of the remaining three.

Twelve lectures were given in each college. The first three were for the whole student body and dealt with the personal aspects of the sex problem for young women of college age. Dr. Galloway thought this personal approach the shortest cut toward developing an interest in the subject from a professional point of view as one of the problems which students in training to be teachers would certainly meet. The nine lectures following were primarily for upper classmen, but the freshmen were invited to come if they were sufficiently interested. These nine were designed to give professional guidance. They dealt with the sex problems of various stages of childhood through the junior high school age, and gave concrete demonstrations of the manner in which nature study, health study, and other curriculum subjects can be used to meet these sex situations in the lives of children.

Each course included two conferences with the college faculty—one at the very outset, to present the meaning of the undertaking and to gain the coöperation of the teachers; the other late in the series, seeking to formulate a plan suitable for permanent use in the institution.

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Dr. Galloway finds that these colleges are giving a good deal of emphasis to sex education in some subjects, and that most teachers are open minded as to the possibilities as well as the needs. He has formulated some suggestions which are being sent to the colleges visited and to a number of other teacher-training institutions. No plan can be put into use suddenly, he recognizes. The whole matter should be thought of as a growth. But he offers the resources and the coöperation of the Association in fostering such growth.

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Dr. Galloway's seven weeks in Virginia (January 11th to March 5th) included also, beside three popular addresses for community leaders in Richmond, Norfolk, and Portsmouth, addresses and conferences with superintendents of schools, principals, teachers, and boards of education in Richmond, Norfolk, Fredericksburg, East Radford, and Roanoke. The effort made in all these was to interpret the meaning of sex education, to show the feasibility of incorporating it in school programs, and to indicate some of the steps. In a conference

with the State Superintendent of Public Instruction the subject discussed was the possibility of sex education for rural schools.

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The State Superintendent, Mr. Harris Hart, has asked Dr. Galloway to examine the Virginia state course of study, to indicate the points in connection with which social hygiene materials might be suitably introduced, to suggest points at which other "pegs" might be placed, and to furnish the pegs. He has asked Dr. Galloway further, to outline the kind of teaching for social hygiene purposes that he would like to see the teachers use to hang on these pegs. Mr. Hart's plan, when this is put into shape which he can approve, is to print it as a special pamphlet of guidance for teachers to use in articulating social hygiene with the standard course of study, when and if they themselves become fitted to handle the material confidently.

### BOOK REVIEWS

GROWING UP. By Karl de Schweinitz. New York: The Macmillan Company, 1928. 111 p. \$1.75.

In "Growing Up," Karl de Schweinitz has presented a brief, straightforward story of the process of reproduction in the plant and animal kingdoms, and as it directly concerns human beings.

The book is designed, to quote the publishers, "to be read either to or by the child, preferably to the child," and a reading of the volume confirms this. Read chapter by chapter, possibly at a series of successive sittings, with full opportunity for discussion by the parent and child during and after the reading, the book will undoubtedly furnish a very much needed tool to the parent who wishes to answer a child's questions and present the story of reproduction in a straightforward, understandable form. The author has occasionally stepped somewhat aside from scientific accuracy in order to accomplish what is possibly a very laudable purpose—the presentation of his facts one at a time and in a definite sequence.

The book marks a commendably frank facing of the father's function of reproduction, which is so frequently side-stepped in sex discussions. It should be welcomed by parents as a most valuable aid in facing what for most of them is a very difficult problem.

As a volume to place directly in the hands of children it would seem, to one who has spent a good many years in presentation of sex facts to both boys and girls, not to give a long enough preparation in understanding the reproductive function as a universal and natural function among all living things. The "conspiracy of silence" which has surrounded all real understanding of sex has left the subject of reproduction, even in its simplest manifestations, as something not to be discussed. After such complete avoidance of a topic closely associated many times with prudishness and false modesty, the blunt explanation of human reproduction coming through the pages of a book without opportunity for further elaboration may in many instances arouse, without satisfying, curiosity. When the facts of human reproduction are approached through an understanding of the reproductive function as it exists throughout nature they are usually accepted as a matter of course and without emotional disturbances. For the mental health of the coming generation, it is necessary not only that we tell them the truth about reproduction as a protective measure, but that we make that truth clean and beautiful as a basis for the understanding between men and women which will lead to happy family life and normal and satisfying mature sexual experience. The book to do this adequately, without the interpretative comments of an understanding adult, is still to be written.

We must agree that personal contact and understanding between parent and child is the most desirable thing anyhow, and we should therefore welcome with enthusiasm any book which will make that easier. "Growing Up" has gone a long step in the right direction and has added a very valuable volume in a lamentably inadequately covered field.

WILLARD W. BEATTY.

THE HOME-MAKER AND HER JOB. By Lillian M. Gilbreth. New York: D. Appleton and Company, 1927. 154 p. \$1.75.

When this book about homemaking was sent to me I thought perhaps what the editor of the JOURNAL wanted was to get some impressions of a homemaker on a book about her job. The preface is very fine, and I began reading with much eagerness as this seemed to be what I, a homemaker, had been wanting for years. But I must confess to a feeling of disappointment on finishing the book. To my mind it is not sufficiently practical. For instance, it is written for the



mother of a large family and without any reference—or possibly only one or two references—to the modern mechanical devices for labor saving like dish washers, clothes washers, and vacuum cleaners.

Home, Mrs. Gilbreth says, is a place to express oneself, a place for happiness, a place which satisfies those who live in it; but in which the needs for all must be considered. But the home must be modern, progressive. "No homemaker will ever discover any of her training to be useless, because her job demands more information in every line than she can possibly have at her disposal." "Homemaking is house-keeping plus."

To make the home efficient scientific methods must be applied to it. Time must be planned with "elasticity stations" for delays and interruptions—many of which are avoidable with a little foresight. All must aim to eliminate waste, and make work more interesting. The chief purpose of the book, its writer says, is "to show the applicability of industrial methods to the work of the household." Her remarks on motion study are good but too involved for the average housewife. Her "reminder file," or "automatic memory," or "individual calendar when" is good but complicated. The suggestion that mothers should have a day off is timely but not new. The best part of the book is toward the end where she suggests that "love of the work makes for efficiency."

The chapter on "Fatigue Study" is very interesting both to the mother and to the psychologist. The chapter about each one's contribution to the home says: "Everyone must be held to be both a participant in the benefits of and a contributor to the assets of the home." Home is a partnership and the members "cannot afford to lose opportunities to work as well as play together." The mother's "real" appreciation is her "wage" and expressed appreciation is her "bonus."

The book advises a household budget and an allowance for the wife—along with a satisfying philosophy of work. The homemaker is put in the manager class; study of her problem such as the book advocates "makes the home interesting and keeps the members of it interested in it and in each other"—and "interest means 'happiness minutes' and 'happiness minutes' mean a satisfying life."

FRANCES A. JOHNSON.

## BRIEFER COMMENT

ADMINISTRATION OF PRIVATE SOCIAL SERVICE AGENCIES; A TOPICAL BIBLIOGRAPHY WITH SUPPLEMENT. By W. W. Burke. Chicago: University of Chicago Press, 1927. 41 p. 75 cents.

The material in this bibliography has been collected and arranged from the standpoint of the agency executive under a number of broad headings and subdivisions—the Board of Directors, the Executive Records and their findings, Statistics, Agency finance, Surveys, Office management, Personnel with subdivisions for job analysis, employment, salaries, education, and training. Under Publicity there are references to appeal letters, annual reports, and public speaking; the supplement lists references through the first six months of 1927.

CRIME COMMISSION OF NEW YORK STATE. A Study of Delinquency in two rural counties, by the Sub-Commission on Causes and Effects of Crime. Albany: Crime Commission of New York State, 1927. 48 p.

A study undertaken to discover the environmental factors which seemed to influence behavior and to point out the constructive and destructive forces in the communities where the studies were made. The study indicates the social responsibilities for delinquency. Of especial interest are the sections on Social relations, Commercial recreation, Moving picture theaters, Poolrooms, Dance halls, and on Normal social life.

A STUDY OF THE RELATION OF THE DAILY PRESS TO CRIME AND THE ADMINISTRATION OF JUSTICE, BY THE SUB-COMMITTEE ON CAUSES AND EFFECTS OF CRIME, 1927. 25 p.

The conclusions reached in the study are that it is unquestionably a public menace for newspapers to present the details which they now print regarding crimes and divorce cases and that newspapers should exercise more care in printing the news of crimes to avoid statements that might give aid to criminals seeking to escape capture. The police department and the District Attorney's office should exercise greater discretion in releasing news.

A STUDY OF 201 TRUANTS IN THE NEW YORK CITY SCHOOLS, BY THE SUB-COMMITTEE ON CAUSES AND EFFECTS OF CRIME, 1927. 20 p.

The findings of the Committee are that more effective work can be done with truants by providing clinical treatment under normal, everyday school conditions than under institutional conditions and by the segregation of children presenting problems. The Committee recommends the establishment within the school system of clinics for the medical, psychological, and psychiatric study of children presenting behavior problems.

THE EFFECT OF THE WORLD WAR ON EUROPEAN EDUCATION, WITH SPECIAL ATTENTION TO GERMANY. By Fritz Kellermann. Cambridge, Mass.: Harvard University Press, 1928. 89 p. \$1.00.

The author states that there is no other half-decade in European school history with as many reforms as that from 1918 to 1924. The reform in England took

place in 1918; in Russia, from 1918 to 1920. France, Belgium, and Italy had their reforms in 1923 and Germany in 1924. The reforms deal not only with the curriculum, length of courses, etc., but with the question in mind—to what end have we taught our youth so far, and to what end shall we teach them from now on.

FIRST AID AND MEDICAL SERVICE IN INDUSTRY. Compiled from a Survey. New Brunswick, N. J.: Johnson and Johnson, 1928. 134 p.

A summary of an extended survey covering about seventy industries with a view to ascertaining the methods and measures employed in the care of injured employees and incidentally the welfare and social service as well as medical and surgical service rendered to employees.

The survey includes the equipment of first aid rooms, dispensaries, inoculation service, physical examination, welfare work, first aid by the layman, and other pertinent subjects.

REPORT OF THE SURGEON GENERAL OF THE U. S. ARMY—ANNUAL REPORT FOR 1927. Washington: Government Printing Office, 1927. 501 p. 60 cents.

The section of the report dealing with venereal diseases shows a constant and encouraging decrease since 1922. All medical officers are on the alert for new cases from these diseases and it is believed that practically all cases which occur in the Army are reported. There has been a progressive downward trend in the rate from venereal diseases since the campaign for prevention was started in 1909.

#### PUBLICATIONS RECEIVED

*Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.*

A COLLEGE TEXTBOOK OF HYGIENE. By Dean Franklin Smiley and Adrian Gordon Gould. New York: The Macmillan Company, 1928. 333 p.

FIRST AID AND MEDICAL SERVICE IN INDUSTRY. Compiled from a Survey. New Brunswick, N. J.: Johnson and Johnson, 1928. 136 p.

HOME MAKING AS A CENTER FOR RESEARCH. Report of Teachers College Conferences on Homemaking. New York: Bureau of Publications, Teachers College, 1928. 122 p.

MODERN YOUTH AND MARRIAGE. By Henry Neumann. New York: D. Appleton and Company, 1928. 147 p.

THE PROHIBITION MANIA. By Clarence Darrow and Victor S. Yarros. New York: Boni and Liveright, 1927. 254 p.

A SON OF MOTHER INDIA ANSWERS. By Dhan Gopal Mukerji. New York: E. P. Dutton Co., 1928. 112 p.

STANDING ROOM ONLY. By Edward Alsworth Ross. New York: The Century Company, 1927. 368 p.

WHAT YOU SHOULD KNOW ABOUT HEALTH AND DISEASE. By Howard W. Haggard. New York: Harper and Brothers, 1928. 538 p.

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## SOCIAL HYGIENE IN THE COLLEGES \*

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The problem of social hygiene education in the colleges is one with which the American Social Hygiene Association has been grappling rather earnestly and persistently for some time. For two years or more the Association has been in correspondence with the faculties of colleges and with student groups, seeking to discover and work out some course of education in social hygiene that might be suitable to young men and young women in college. I congratulate the Association upon undertaking this delicate work so carefully in so coöperative a fashion. College faculties are stubborn and stiff-necked, and they resent anything brought to bear on them from the outside. They are apt to think there is no excuse for proposals by an outside organization as to what they should do in the way of educational effort. They take for granted that nobody else knows what they do not know themselves.

There are three things that need to be done for college students in the matter of social hygiene education. First, they need information, and the Association proposes to furnish information. They don't need so much information now as they did when some of us were undergraduates. During the war and since the war there has been a good deal of extension in the knowledge of young people of the biological and

\* Address delivered at the Annual Meeting of the American Social Hygiene Association, New York City, January 21, 1928.

anatomical facts of sex. They do not always get these facts straight and they need correction. There are, however, very few young people who are so ignorant in matters of sex as students were twenty years ago.

What can be done, what is being done, and what will be done to furnish a suggestive bibliography for the use of students and teachers? It is generally agreed that the job can be done, but not by teachers of biology, physiology, home economics, and hygiene alone. The matter of health in the lives of young people is a matter in which all teachers must concern themselves. The courses in biology, physiology, anatomy, and hygiene must be supplemented by intelligent assistance on the part of teachers of history, literature, psychology, and sociology. Bibliographies and outlines are being sent out by the Association. The suggested program is of interest not only to teachers of scientific subjects, but to all members of college faculties, and I hope the Association will continue to push the extension of its information by means of books, pamphlets, and suggested lists of reading material which should be in every college library, so that teachers may find the information that is needed in order to give backing and conviction to what they say in matters of sex.

A second need, in some ways more important, is the training and development of emotional and volitional activities in matter of sex. I have spoken for many years to groups of students on questions of social hygiene and I have discovered that in recent years as I have talked on how young men and women may live happily together, they have said "You have told us nothing new", and they have not been as grateful to me as boys and girls were fifteen years ago. They come, in these days, not for more information, but with problems that cannot be settled by mere information.

I recall a young man who came from an Oregon college—he said, "I believe what you say is true and I am anxious to learn how to live happily with women. When I joined a fraternity house the other fellows told me that sex experience

was necessary to my sex education and physical health. Of course, I sought my sex experience in a common and commercial way, and now I am ashamed of it. I want to be free. I want to know how my mind can be turned, my will strengthened, and how I may do the thing I am convinced intellectually I should do." This is the most difficult problem in social hygiene education. We need to tie up the hopes and purposes of these young people to what they have seen in their own homes and the healthy homes of other people.

In this connection I know nothing else that has been more appreciated or longer remembered than John Masefield's poem concerning his dead mother :

"In the dark womb where I began,  
My mother's life made me a man,  
Through all the months of human birth  
Her beauty fed my common earth.  
I cannot see, nor breathe, nor stir,  
But through the death of some of her.

Down in the darkness of the grave  
She cannot see the life she gave.  
For all her love, she cannot tell  
Whether I use it ill or well,  
Nor knock at dusty doors to find  
Her beauty dusty in the mind.

If the grave's gates could be undone,  
She would not know her little son,  
I am so grown. If we should meet,  
She would pass by me in the street,  
Unless my soul's face let her see  
My sense of what she did for me.

What have I done to keep in mind  
My debt to her and womankind?  
What woman's happier life repays  
Her for those months of wretched days?  
For all my mouthless body leeches  
Ere Birth's releasing hell was reached?

What have I done, or tried, or said  
In thanks to that dear woman dead?  
Men triumph over women still,  
Men trample women's rights at will  
And man's lust roves the world untamed. . . .  
O grave, keep shut lest I be shamed."

I have had many men ask me for the title of this poem, so that they might read it and think it over. Why? Because almost subconsciously they realize that the greatest resource they have for developing the true emotional relationship and the right attitude toward women, and for the accomplishment of happiness and health for themselves, is found in that situation and that obligation and that kind of memory. The significance of such a process as the placental interchange of blood between mother and child can be suggested by teachers of all kinds only as they have sufficient knowledge of the essential facts, and also quick awareness of the emotional and volitional problems our young people are facing.

In the third place, the college student must learn not only by scientific information and emotional appeal, but also by conduct, by practice, by daily experience.

A young man wrote to me and said, "I wish you would tell me how a man is going to find courage to undertake marriage in these days. I don't feel that I know women well enough; I see women doing such strange things that I hesitate and shrink from undertaking to try to live happily with any woman." What that young man needed, pretty obviously, was constant association and daily comradeship with women in work and play. The only way to overcome that abnormal feeling is to know the opposite sex a little bit better. Out of an experience of twenty or thirty years I wish to give testimony that, so far as I know, the best form of sex education is continuous contact and association in work and play on a basis of mutual respect and consideration. I have been almost entirely associated with co-educational colleges; perhaps that accounts for my conviction that one of the wholesome ways



that men and women may learn to live happily together is that they work and play happily together.

As a student I sat in biological laboratories with young women and talked with them about scientific facts with ease and self-respect and lack of self-consciousness. They helped me to face certain problems of my own. When I see young people, week after week, sitting together in the same classrooms, working in the same laboratories, studying in the same libraries, playing in the same gymnasium, I recognize one of the most encouraging factors in the removal of bad old inhibitions, bad old false modesty. I welcome the bringing in of more wholesome dress and regard for the human form in such a way that our young women can play wholesomely with our young men.

In the modern college gymnasium you may see six or eight players on the floor, and there may be two women on one side and five or six men on the other side, or three or four women on one side and two or three men on the other. They command each other's respect by their good sportsmanship, and they enjoy playing together. I have even seen in our own gymnasium, young men and women doing circus stunts, tumbling, holding each other by hands, wrists and ankles, helping each other do tricks. A stranger seeing this might say that years ago the only people who did that were circus people and they were not supposed to have any social standing. I think that freer comradeship in work and play is on the whole very promising for better health and for happier living together. I know something of the experiments that are being tried, and I am sorry to believe that in this day of free experimenting many lives are likely to be wrecked by reckless experimenting. I am convinced, however, that on the whole our young people are working toward a truer ideal, toward a more permanent and satisfactory relationship in the home, toward the creation of families where children will grow up with fewer inhibitions and hidden secrets in their lives. They are learning to live more in the sun and free air and to have fewer dark spots in

their minds. I am convinced myself that living together on the part of young people is a direct means of health. I offer this suggestion tentatively on the basis of my own personal experience.

Not long ago I asked a man, who for many years was President of one of the large Eastern women's colleges, what effect long and continuous separation from the opposite sex had upon young women. He said he thought there were two dangers—that they should think too much of men, or too little. I have talked with Dr. Davis in regard to her study of homosexuality among 1200 girls and have learned that although homosexual practices are not confined to women's colleges, the percentage in co-educational colleges is markedly less.

I visited not long ago a New England men's college in which from four to nine months of the year the students are cut off from normal association with women. I talked with men in charge of the mental hygiene courses and they told me their students said, "We cannot enjoy college for the first few weeks after we have left our mothers, sisters, and women friends behind us. We rather loathe ourselves. We feel we are in an unnatural state. We gather in our rooms and talk an abnormal amount of sex. We go to picture houses and see the development upon the screen of all sorts of sex problems." I cannot myself see that that kind of over-emphasis is favorable for the development of healthy thinking and acting, such as may prepare young men for living useful and happy lives with their wives in the future. So I am in favor of setting our young people free for joint play and work, for the kind of daily frank comradeship and association that many of us have benefited from in the past. I am glad that many of the old conventions which made the association of young men with young women a matter of restraint and unnaturalness are gone.

A friend of mine engaged in educational work in Japan, herself a Japanese with American college training, has told me of the evil effects of the segregation of the sexes in the

higher schools of her country. Her report has been about as follows: "Our young men and women are separated, from the time they start their schooling and throughout their young manhood and womanhood, till they have come to be mature physically and emotionally, and then they are brought to the edge of the marriage relation. They fall in love with each other and are utterly unprepared. They have had no preliminary training, they don't know how to control themselves, they have had no practice in daily living together, they are swept away by feelings that are new. In many cases the result is tragic. Some of our young men and women have committed suicide because they have not known how to deal with the situation." By contrast we are happier in this country in having free association of young men and women. By knowing each other progressively as they go along, their respect for each other and sympathy with each other also grow progressively.

## THE RELATION OF PLAY AND RECREATION TO THE SOCIAL HYGIENE PROGRAM \*

JOSEPH E. RAYCROFT

*Princeton University*

I have got more inspiration during the last few minutes of President Coleman's speech than I have had on this subject for a long time. I would like if it were possible to withdraw now from this particular duty that confronts me for the purpose of thinking over some of the things he said. Further than that I have a natural hesitation in discussing the relationships of social hygiene and recreative activities before a group that contains Colonel Snow and Major Johnson who are experts of long experience in both lines.

Most of us, I think, feel that wholesome play and partici-

\* Address at the Annual Meeting of The American Social Hygiene Association, New York, N. Y., January 21, 1928.

pation in recreative activities have an important function in establishing correct attitudes and habits in sex relations. I am not sure that we would all give the same reasons for our belief, nor could we agree upon the how and the why of this influence.

I am not going to talk solely about the value of active recreation in the promotion of a social hygiene program, because I have come to believe that there is real need for a searching study of the underlying factors in sex relationships and their influence on the whole question of sex morality as it affects boys and girls. Such a study will serve as a guide in setting up a program of education and recreation that is aimed at specific objectives. Do we understand the influences in the lives of boys and girls that are responsible for the existence of the sex problem? It seems to me at least that we fall far short of adequate knowledge of these fundamentals, and that we are not in a position to formulate policies and to build programs until we know more about the things that are beneath the surface. In the absence of such knowledge of the causes underlying sex immorality our efforts to improve sex relationships are not unlike a fight in the dark.

To what extent is the curiosity about sex in the pre-adolescent different from the all-pervading curiosity about other parts of the body and its various functions? In later periods how much is the influence of endocrine changes supplemented by taboo and old memories of unsatisfied curiosities? What is the contribution of a condition of nervous instability; of lack of matter of fact information; of poor training for wholesome use of leisure time? Is the situation complicated by deep seated mores that are in conflict with convention? Is the condition aggravated by too much or too little normal association with the other sex? This list of factors is incomplete, but the influence and inter-relations of these and others must be studied so as to find

means for correcting and strengthening programs already in progress.

We can get a lot of useful information on these points by conferences among persons who have had intimate personal contact with individual cases which may help us to determine which of these factors are of the greatest importance in building up the sex problem.

In the last analysis both recreative activities and sex relationships are problems of behavior; and behavior is governed by two principal factors. (1) Satisfactions immediate or remote, that are inherent for the individual in the contemplation or performance of a given act. (2) What Professor Sumner calls the mores or folkways of the group.

In the past we have placed much reliance on education and authority to modify the tendency to satisfy sex appetites. The question arises then as to whether or not the character training gained through the habit of indulging in recreative activities will have any more influence on sex behavior than the educational program. The answer appears to be in the affirmative; but the "How" and the "Why" are not so easy to explain. One thing is quite clear—that while knowledge and information about the field of recreative activities and the disadvantage of illicit sex relationships have some influence, such knowledge is sharply limited as a governing factor in modifying behavior. In support of this point it can be stated without much fear of contradiction that no group of students is in so good a position as medical students to know the influence on health of various types of behavior. And yet my contact with this group and others leads me to think that no one conducts his life with a happier disregard of the knowledge which he has than does the typical medical student. Most of us I think will admit that our standard of performance is below that of our knowledge.

It is a real question also in considering our point, whether as a result of education sex irregularities are less common today than in earlier periods of our civilization. If conditions

really have improved then much of our modern literature, for example "The American Caravan" or "The Last Post" among others, has given us an entirely false impression, or else the classical writers and the eighteenth century novelists have told us a great deal less than the truth. How much of the apparent change in the picture is due to successful inhibition of sex impulses, and how much to our ability to protect ourselves from the physical consequences of sex relations? I don't want to appear cynical but I think that the situation needs pretty careful consideration and study somewhat from this point of view. It isn't a static thing, of course, but we must face the problem with these possibilities clearly in mind.

Then there is the influence on behavior of the second factor, that is the age-old and vaguely formulated folk belief that pre-marital sex experience is a physiological necessity. The extent of this belief is hard to determine but of its potency when it exists there is no doubt. I have for years been intimately in touch with students and their personal problems, and on more than one occasion I have been told by boys that their physicians and their fathers, and in one case a father who was a doctor, had advised them to seek sex experience. Such advice represents a deep-rooted belief even in the case of the doctor; and in the contest between his scientific knowledge and the mass psychology of his group the latter won in spite of the fear of consequence for his son. I mention these facts to show that there are other powerful factors influencing sex behavior besides curiosity, opportunity and stimulated desire. The fact that such an idea can persist in the minds of educated men is a good example of the relative ineffectiveness of formal education as a governor of behavior. There can be no question I think that the mores or customs and taboos of the group have a very important influence on the behavior of most persons.

If the examples I have cited are in any considerable degree

representative of the influence of the real but only vaguely appreciated mores of our group then what is to be done?

Professor Sumner in his "Folkways" seems to say that the mores or unwritten customs of a group are changed very slowly, and with much difficulty. This is probably true of primitive people living under much the same conditions for generations with few outside contacts. It seems to me that under modern conditions, when time and space have been so shortened, and cultural contacts are so much more common—the changes may come more rapidly. Compare the student groups of today with their ancestors a hundred years ago in the same general environment, and it is apparent that there has been a great change in the attitudes, habits and behavior in many respects that seem not to be superficial. How fundamental this change is I don't know. But supposing that our fundamental attitudes and reactions are undergoing changes, is there any program or procedure that we can consciously and effectively utilize to hasten the changes in the mores to gain the objective we desire?

We have tried the prohibitory "thou shalt not"; the emotional appeal of the revival; the program of information; and we have appealed to the idealism of youth which I think is the most potent of all appeals.

If my understanding of the psychology of the situation is anywhere near correct, then we should expect these methods to be relatively ineffective in bringing about the changes in attitude that modify behavior. In the light of the same psychology we should be led to an attack on the problem through an effective, positive behavior training; and at once the question arises is there any dependable method of attaining such a result. Groos has shown that the play of animals and children is fundamentally educative—so that we are coming to recognize that a well devised program of plays, sports and recreative activities furnishes a type of training that is inherently and naturally so absorbing and stimulating that it

develops habits, attitudes and a positive personality as no other experience does.

One would be justified in assuming that this group would accept this theory without further discussion; but at the risk of boring you and for the sake of making my position as clear as I can, let me outline briefly the function and value of play. I am using that term in its broadest sense to include not only physical play, but also rhythm, music and dancing, imaginative play—"making things" etc.

1. Play is a developmental agent of greatest importance. It builds up the fundamental nervous system, muscle strength and control, stimulates the endocrines and makes it possible to do a great amount of work with interest and with the minimum of fatigue.

2. Play is educational because it develops bodily skills and control, not only greater strength but coordinations. It develops habits of concentration and persistence in spite of failures; develops will power; teaches one to solve situations, to make decisions and then to act; develops leadership, confers a sense of achievement and adequacy.

3. It has social values because it develops group consciousness as opposed to individualism. It teaches cooperation and team play; develops loyalty and a willingness to work for the group. It leads to a self-imposed discipline. Mrs. Minot said "the undisciplined child is good material for future upheavals and revolutions." Grit, tenacity of purpose, the habit of carrying on in spite of failures, are most desirable qualities. Joseph Lee says "during the years up to fourteen or later, play is the hardest thing a child does." It develops the sense of justice and fairness and sportsmanship.

I recall an amusing incident of a discussion on a tennis court between two eminent scholars and professors, one in ethics and the other in philosophy, as to whether the ball was "in or out." When they were confronted by a real situation the academic formulae broke down absolutely. That is the difference between the theoretically trained man and the youngster



experienced in play relations. The boys would have a word or two about the point and then "play it over." The youngster is much more interested in carrying on the game than in getting the point as a point. Information is of no value unless it is assimilated through habit and work. Games demand law and order, otherwise they cannot go on. A youngster will make almost any sacrifice to keep the game going. No one understands this characteristic of child life better than Joseph Lee, who says: "The rules and the judiciary system are hammered out not in a debating society or in the parlor—where idealism has the field all to itself and is not confronted with the hard conditions of actual application—but under the stress of fierce conflicting interests, of deadly disappointment, frustrated hope, of its intense desire for victory and personal distinction. To hammer out a piece of legislation on a playground, to arrive at such method of understanding that the game shall go on, is a fundamental achievement in social education, the foundation upon which our whole judicial and political system must ultimately rest. In the conferring of this discipline there is no substitute for play. The goody little boy in Sunday school will easily concede that little children should be just to one another. He will peacefully acknowledge that birds in their little nests agree. But when it comes to admitting that you were out at first—or acting as if you were when the umpire says so, though you know mighty well that you were not—you face a very different proposition. The birds in their little nests, so far as you know, were never up against anything like that."

All this means discipline—in the main a self-imposed discipline. We are all "hero worshippers." We get over it to a certain extent in later years but it is a very real thing in the case of youngsters. Boys and girls will follow any program that is set up by somebody they like or respect, provided it promises some success; refrain from smoking, modify diet, get adequate sleep, do anything for the attainment of the ideal.

In the course of years, as a result of such experiences the

individual acquires ethical standards, good or bad, and satisfactory outlets for emotional expression. Most of us live more of our emotional life on our jobs than we do elsewhere, even at home. This is particularly true of boys and girls—and play is their job.

Any experience that develops character and emotional control, a keen sense of the rights of others, and a habit of fair play and sportsmanship is bound to be an important factor in inhibiting illegal sex relation when the inherent unfairness is appreciated. I agree heartily with President Coleman's statement as to the great value and importance of normal relations of boys and girls in their recreative activities.

Our problem is to utilize all of our knowledge about our real selves and the factors that influence attitudes and behavior in such a way as to build up a desirable sex ethic for girls as well as boys and to modify the mores affecting sex relations and morality.

Play, sports and recreative activities because of their wholesome use of time and energy and their value in establishing behavior patterns seem to possess inherent possibilities that may be found useful in attaining this objective.

## EUGENIC STERILIZATION IN CALIFORNIA

### X. ATTITUDE OF THE PATIENT'S RELATIVES TOWARD THE OPERATION

PAUL POPENOE

*Pasadena, California*

Under the California law, sterilization of an insane or feeble-minded patient in one of the state hospitals is compulsory if the judgment of (1) the medical superintendent, that it should be performed, is ratified by (2) the director of the state Department of Institutions and (3) the director of the state Department of Public Health, the three constituting what might be called a state Board of Eugenics.

In practice, however, almost from the first application of the law, it has been the custom to get the written consent of the nearest relatives, when any such were to be found. The primary purpose of this policy was to protect the law by avoiding possibility of litigation. It was felt preferable to discharge a few patients unsterilized, even though the operation would have been appropriate in the case, if it appeared that compulsory sterilization might provoke a lawsuit or hostile criticism which might temporarily jeopardize the usefulness of the whole law.

The attitude of the relatives of sterilized individuals is therefore a matter of importance in several ways, and was included in a comprehensive study of the workings of the law, initiated by E. S. Gosney of Pasadena, and now in progress for more than two years, financed and directed by him in consultation with an advisory committee made up of authorities in many different lines.<sup>1</sup>

<sup>1</sup> A list of the other papers in this series will be sent on application to E. S. Gosney, 26 North Marengo Avenue, Pasadena.

## SOURCE OF CONSENT FOR OPERATION

When the medical superintendent of one of the hospitals desires to sterilize a patient, he writes a letter to the director of the Department of Institutions, outlining the circumstances which make it desirable to operate on this particular patient, and stating that the consent of the relatives has been given, if such is the fact. This letter, countersigned by the Director of Institutions and the Director of Public Health, is returned to the hospital, where it is kept permanently on file and forms the legal authorization for the sterilization.

Consent of relatives, which is filed with this if obtainable, is gained either when they are visiting the patient, or by sending them an explanatory letter. Often they take time to consider the matter, to talk it over with the family physician or priest, or to get further information from the hospital or from social workers.

Table I shows by whom consent was given for the operations included in our records. When several relatives signed, only the closest one is mentioned in the tabulation. The large number performed at Stockton State Hospital is excluded from this list, because record of consent at that hospital was not noted in their general file, and its addition to our records would have necessitated additional time which seemed ill-spent, since there was no reason to think that conditions there differed from those in other hospitals. The record given in Table I, covering more than 2,000 operations, is believed to be representative of the general conditions in all the hospitals.

It will be observed that relatives have given consent for three-fourths of the operations. There is another column, containing 15 per cent of all cases, headed "No relatives accessible." This includes foundlings and orphans, among the feeble-minded; the homeless wanderers and unidentified individuals among the insane; and cases in which all the known near relatives are in foreign countries, or are themselves feeble-minded or insane, or can not be reached.

Another column contains cases in which the histories copied

by us did not state the source of consent. Probably in some instances this omission was due to carelessness, and consent was actually given. In other cases, the operation was performed without written permission of relatives. This was sometimes done when the kinfolk were ignorant and illiterate.

TABLE I.  
SOURCE OF CONSENT FOR STERILIZATION.

	Parent	Brother or sister	Other relative or guardian	Husband or wife	No relatives accessible	Not stated	Total
Single insane	291	74	26	..	161	100	652
Married insane	68	47	12	634	54	84	899
Single feeble-minded	338	31	16	..	94	50	529
Married feeble-minded	37	4	1	16	10	8	76
Total	734	156	55	650	319	242	2156
Per cent	34	7	2	30	15	12	100

In some instances—and this is not an uncommon situation—the nearest relative of an insane person would tell the superintendent to go ahead and sterilize, but would refuse to sign a formal consent because he did not know how the patient would react to it later, and he did not wish the patient to hold enmity against him. In other instances the relatives objected, but the superintendent felt sterilization to be so necessary to the interests of the patient or of the state or both that he used his legal prerogative to operate.

It is safe to say that not more than one operation in 10, and perhaps not more than one operation in 20, falls in the category last-named. For the most part, the relatives give written consent. The number of cases in which sterilization of a married person has been authorized by some relative other than husband or wife is explained principally by the frequency of separations in matings where one partner is insane or feeble-minded.

In the hospitals for mental diseases, if a patient's mental condition is such that he is ready to leave, he is seldom detained for lack of sterilization. In the first place, the pressure on the available space is much too great to permit such a policy, even if it were desirable for other reasons. If the relatives have refused consent, and the superintendent feels that the case is not important enough to justify operating against their wishes, the patient is released anyhow. It will be recalled, from previous papers in this series, that only one patient in 12, in these hospitals for the insane, has been sterilized during the life of the law, and even at the present time, when sterilization is at a high mark, only one in five or six is sterilized. Many patients are beyond the age of reproduction, or their trouble is of a type that would not be likely to affect their children.

At the State Home for the Feeble-minded, on the contrary, where almost all patients admitted are of childbearing age, a different policy is followed. No one is allowed to go out of this institution, even for a short vacation, unless sterilized. This rule has been in force for some years, and the authorities evidently find it simpler to make no exceptions. If relatives do not wish a patient sterilized, he or she may be kept there indefinitely in segregation, the interests of the state being thus equally protected. If, however, the relatives want the patient back with them, they must permit sterilization first. The superintendent is of course always able to sterilize with the approval of the directors above mentioned, even though relatives should refuse permission, if he wants to put a patient on parole.

The consent of the patient himself is not asked in any case, since, being insane or feeble-minded, he is legally incompetent. The attitude of the patients toward sterilization will be considered in a succeeding paper.

## ATTITUDE OF RELATIVES

As it was not possible for us to communicate with all the relatives of sterilized patients, even if we had desired to do so, and as we had moreover no desire to invade their privacy, we depended for an indication of their attitude on the social workers, the probation, and the parole officers of the state. These are the individuals who, in the first place, are responsible for getting the patient sent to the institution; who then, in many cases, have the task of explaining the operation to the relatives, and getting their signature to the formal permission to operate; and, finally and most important, who keep in touch with the patient and his family for months or years after his release from the institution. If there were unfavorable reactions, it was believed that these individuals would know of them.

We therefore sent a questionnaire to all the probation and parole officers of the state, all the secretaries of Associated Charities, and some others who were likely to have information. Copies were also widely distributed at the 1927 meeting of the California Conference for Social Work, and announcement of them was made from the platform, with an especial request to all who knew of any adverse cases, that they report them. Finally, copies were given, with personal interviews, to a few individuals who had been particularly active in opposing the California sterilization law. It is worthy of mention, in passing, that none of the individuals last-named was able to cite a single case in which there had been any unfavorable sequel to the operation.

The questions asked, which bear particularly on the subject of the present paper, were the following:

## QUESTIONNAIRE FOR SOCIAL WORKERS

1. About how many cases of sterilization have you had an opportunity to observe: In men? .....; in women? .....
2. Over how many years does this observation extend?

5. Have you known of any cases in which sterilization seemed to you to have been performed when it was entirely unnecessary and served no useful purpose to the individual or to society? If so, what was the nature of these cases, and how many of them were there?

6. Have you known of any instances of sterilization of an individual, when you thought some other procedure (for instance life-long segregation, or parole to friends or relatives) would have been more appropriate, or adequate and more useful socially? If so, how many? Can you give some idea, briefly, of the character of these cases and the reasons for your opinion?

8. Have you known of any cases where sterilization seemed to have been resented by the individual's relatives, to the extent of causing domestic infelicity, broken homes, and the like? If so, how many, and what was the nature of the result?

10. What is your general impression (favorable or unfavorable?) of the California Sterilization Law in principle? And in application?

Thirty replies were received. Of these, six had seen no cases whatever, and two others refused to go on record. The 22 whose replies were useful had seen 290 male and 1,900 female sterilized persons in the community, the length of observation being as follows:

Number of years of observation	Number of replies
1	4
2	3
3	5
4	2
5	1
7	1
8	1
9	2
10	1
15	2

In reply to question 5, there were 21 negative answers, many of them emphatic. The remaining answer was, "One case, where patient was syphilitic, and finally placed in an insane asylum."

In reply to question 6, there were 19 negative answers and two affirmative. One of the correspondents misunderstood the question. The two affirmative replies were:



(1) "Yes. Two instances of adolescent boys (names given) whose sex perversions indicated them to be a menace to other children. Both were paroled to their families. The former boy has been returned to the institution, the latter is highly supervised. Also two cases of girls (names given), the former because her nomadic tendencies made supervision impracticable, the latter having such pronounced sexual desire as to result in her voluntarily seeking prostitution.<sup>2</sup> All four cases I believe require permanent segregation."

(2) "There is one case of a sex pervert who is a menace to other children, and is at present paroled to his parents where he receives the closest supervision. This case should have permanent institutional care."<sup>3</sup>

In reply to question 8, there were 18 negative answers and four affirmative.

One psychiatric social worker, who had watched 300 female and 100 male sterilized patients during three years, wrote: "Many relatives who fight sterilization use it as a weapon to wield over our heads, attributing various bodily ills to it. In no case have I heard of it disturbing the home in any way. It merely serves as something for them to find fault with."

One social worker for an Associated Charities, who had observed three sterilized women during three years, wrote: "In one instance the proposed operation for sterilization was resented not by the patient herself but by relatives who felt that there was a stigma attached to having it done at a hospital for the insane. The family had previously been consulted and had given their O.K. to a voluntary commitment."

One assistant probation officer, who had been in charge of 63 women and 23 men paroled after sterilization, during a period of 16 months, wrote: "Domestic infelicity in two homes, not to the extent of broken homes, is apparently contributed to by the fact of sterilization. Both girls married without the consent of the Superintendent,<sup>4</sup> and both men

<sup>2</sup> The first girl was taken out of the state by her employer shortly afterward. At the last report to us she was getting along well. The second girl was returned to the institution and is being kept there.

<sup>3</sup> This is the same boy spoken of in the preceding paragraph as being still out.

<sup>4</sup> These girls were on parole from the Sonoma State Home for the Feeble-minded. Marriage of a patient of this institution is not permitted knowingly, until after the man and woman together have had a talk with the superintendent or one of his representatives, and the fact of sterilization has been explained fully. More than 100 marriages which have been contracted by sterilized patients from this institution will be studied in a succeeding paper.

were socially superior to the girls, with a higher standard of living than the girl is able to maintain." The men were not informed of the fact of sterilization prior to these clandestine marriages, and use the fact as a weapon when quarreling with their wives.

The fourth answer referred to the same two girls mentioned in the preceding paragraph.

The replies to question 10 are summarized in Table II.

TABLE II.  
ATTITUDE OF SOCIAL WORKERS TOWARD CALIFORNIA EUGENIC  
STERILIZATION LAW.

	<i>Principle</i>	<i>Application</i>
Favorable. . . . .	20	19
Unfavorable. . . . .	..	..
Doubtful. . . . .	..	1
Failed to answer. . . . .	2	2

One of the individuals who failed to answer this question is known to us to be entirely favorable. The case classed as doubtful is that of a county probation officer who wrote, "Sound in principle but extreme care should be used in application." In answering the other questions on the sheet, he did not mention any unfavorable observations during his 15 years' experience.

#### SOCIAL WORKERS FAVORABLE

It is at once evident that all of our information has been received from individuals who are frankly favorable to the law. It might be thought, therefore, that their opinions are biased. One might equally assume, on the other hand, that they expressed themselves as favorable to the law, because their experience with it was satisfactory. In this case, there would be no reason to fear a packed jury.

The latter explanation seems the more probable.

Not only did we send questionnaires to all workers, without any knowledge of their opinion of the law, but we took particular pains, as mentioned before, to get these questionnaires

into the hands of avowed opponents of the law, and, at the largest gathering of social workers in the state, particularly urged anyone who knew of a single adverse case to put it on record.

To this may be added that we ourselves, in two years of active inquiry into the workings of the law, have not found any case where resentment or dissatisfaction of relatives led to any untoward circumstances. There is one exception to this statement, which is unusual enough to be chronicled. One man, who had been discharged from a state hospital for mental diseases, wrote that his wife divorced him because of his sterilization. He went on to explain that she had long been unfaithful to him, but knew that in case of pregnancy she had a husband as an alibi. After he was sterilized she lacked this protection.

All this is not to say that the relatives of a sterilized patient are in every case pleased. Sometimes they are sentimentally regretful; occasionally indignant. This would be expected particularly when one remembers that many of the relatives of the insane and feeble-minded are themselves abnormal mentally. In an overwhelming majority of cases, they appear to be well satisfied that the operation has been performed and that their family will be freed from the danger of any more defective members in that line at least. In a steadily increasing number of cases, the relatives urge sterilization, or send the patient primarily for that purpose.

The intent with which we started was to learn whether sterilization in California might have caused any family tragedies. We have found none. Occasionally it is a source of irritation, as when a man holds it over his wife. In such a household if sterilization were lacking, something else would probably serve equally well for a quarrel. But for every home in which sterilization has been a cause of discord, there are many in which it has been the direct means of keeping the family together.

## SUMMARY

1. Three-fourths of the sterilizations included in this study are performed with the written consent of the patient's relatives.

2. In the remaining cases, there are often no relatives to give consent. Not in one case in 10 is the operation performed without the permission of relatives.

3. Inquiry brought to light only a few cases in which sterilization had caused friction in a family. In none of these could a serious result be ascribed definitely to the operation.

4. The 22 social workers of the state who answered our questionnaire and who have had first hand experience in dealing with sterilized individuals, are virtually unanimous in believing that the law is working well in this respect.

## EUGENIC STERILIZATION IN CALIFORNIA

## XI. ATTITUDE OF PATIENTS TOWARD THE OPERATION

PAUL POPENOE

*Pasadena, California*

One of the objects of a comprehensive study of eugenic sterilization in California,<sup>1</sup> which has been under way for more than two years, financed and directed by E. S. Gosney of Pasadena in consultation with an advisory board made up of experts in many different lines, was to ascertain the attitude of sterilized patients themselves toward the operation. To this end the medical superintendents of four of the largest hospitals for mental diseases sent out letters substantially as follows to patients who had gone from the hospital after sterilization, and had left forwarding addresses (many had to be excluded because mail previously sent had been returned unclaimed):

<sup>1</sup>A list of the other papers in this series will be sent on application to E. S. Gosney, 26 North Marengo Avenue, Pasadena.

“Dear .....:

Though you have been away from the Institution for some time, we are still interested in your good health, and especially wish to know as to the benefits you have derived from the operation for sterilization performed on you while here. I would greatly appreciate it if you would answer the following questions:

1. How is your general health now as compared to what it was before the operation?
2. What benefits, physically and mentally, in your opinion, have you derived from the operation?
3. What change, if any, have you noticed in your sexual life since the operation?

Any information you may give us will be of great value in our treatment of those mentally ill. Your reply will be considered private and confidential.

Thanking you, I remain

Yours very truly,

Medical Superintendent.”

Of 821 such letters sent out, 225 were returned by the post-office unclaimed and 173 were answered. The remaining 428 were neither answered nor returned, so it is to be assumed that they fell into the hands of some relative if not of the addressee.

The testimony of 173 patients, out of 3730 sterilized in the four institutions up to that time, furnishes a very small sample, but most of these persons were not available for this inquiry, either because they had been lost to sight after discharge, or because they were still in the hospital, mentally disturbed. Of the 821 who, it was thought, might be reached, it is not surprising that more than one-fourth of the addresses proved to be useless, for the population of California is a shifting one, and the psychopathic part of it is the most shifting of all.

The half which apparently received the letter but failed to answer offers the greatest problem of selection. It is assumed that many of these are again disturbed (since it is generally calculated that not more than one-fourth of the patients discharged as “recovered” from psychopathic hospitals represent permanent recoveries); others are dead; sometimes the relatives did not care to show the letter to the

patient; in other cases the patient did not care to discuss the matter. The data were analyzed to determine whether failure to answer was correlated with age at operation, marital status, type of psychosis, or length of time out of the institution, but there was no significant difference in any of these respects.

Our direct evidence is therefore based on the 173 answers, divided as follows:

	<i>Satisfied or pleased</i>	<i>Indifferent or Non-committal</i>	<i>Displeased or regretful</i>
Males. . . . .	33	11	7
Females. . . . .	99	11	12
	<hr/> 132	<hr/> 22	<hr/> 19

Of this small sample, at least, most feel that sterilization was desirable. These data were again analyzed according to type of psychosis, length of time since operation, or marital status, but if there were any differences, the number of cases was not great enough to reveal them.

Since the persons concerned have all been greatly disturbed mentally in the not remote past, and some of them must be so at the present time, we anticipated receiving many violently indignant letters. There were almost none. Those who were displeased with the operation for the most part did not manifest any keen regret. Several approved of the operation in principle, and for other people, but felt resentful that in their own cases it had been compulsory instead of voluntary. Several others stated that the letter of inquiry was the first knowledge they had, of the fact that they had been sterilized at the hospital. None of those who disapproved gave a rational or cogent reason for disapproving of the operation, except in one instance, where a woman stated that she was already past the menopause and hence the operation was unnecessary. We had no means of verifying her statement.

On the other hand, many of the favorable letters, especially those from women who had already borne children and then gone through a psychosis, were pathetic in their expression of gratitude and their wish that all women who face the com-

bination of pregnancy and psychosis might have the same protection.<sup>2</sup>

We made no attempt to get direct expressions of opinion from those sterilized at the state home for the feeble-minded, believing that their testimony would not be valuable, in view of their mental levels. But we circularized the social workers of the state, who have been dealing with the mentally defective and the mentally diseased alike.

This questionnaire has been described in an earlier paper of this series.<sup>3</sup> In reply to the question, "Have you known of any cases where the fact of sterilization seemed to have been resented by the individual, to the extent of making him or her bitter, humiliated, revengeful, or otherwise impaired in character? If so, how many, and what was the nature of the cases?" nineteen replied that they knew of no such instances. The total number of cases observed by these 19 persons was 1,094 (some duplications, no doubt); length of observation ranged from one to 15 years, average a little over five years.

Three stated that they had known of such instances. One probation officer, who had observed 50 sterilized women during a period of four years, wrote: "In some cases the operation was resented by the individual, but have no facts on which to base an opinion as to whether such resentment was carried over and caused a permanent change in attitude."

One psychiatric parole officer, who had observed 1,000 sterilized women and 25 sterilized men in a period of nine years, wrote: "In one case, an Italian woman of extremely low order of intelligence made considerable trouble over the fact that she was unable to reproduce. The matter was taken up with the superintendent of the hospital where the operation was performed, and she was told that the function could be

<sup>2</sup> The superintendents of the four hospitals (Napa, Norwalk, Patton, Stockton) kindly gave us copies, without names attached, of these letters, which are accessible for examination in Mr. Gosney's office.

<sup>3</sup> Eugenic Sterilization in California. X. Attitude of the Patients' Relatives Toward the Operation.

restored. This ended the matter." She made no effort to get the function restored.

One psychiatric social worker, who had been in charge of 10 sterilized men and 10 sterilized women during the period of eight months, wrote: "One man bitter and resentful, complained the state was ruining many fine young men. Patient has been discharged but has such a paranoid trend is glad of something on which to vent his ill humor."

A particular attempt was made to learn of unfavorable cases, by addressing individuals who had publicly opposed the sterilization law, and by appealing to those in attendance at the State Conference of Social Work in June, 1927. In spite of these efforts, no further instances were discovered. Our own investigations, dealing with many phases of sterilization, have not uncovered any cases to be added to those above mentioned. There is often a sentimental regret at the inability to have children, but in most cases in which the individual is able to understand the situation at all, he or she feels satisfaction at the thought that there will be no further complications through the arrival of children, possibly defective and in any event beyond the capacity of the parent to care for successfully.

#### SUMMARY

1. Of 4,000 individuals sterilized in four state hospitals for mental disease, 821 were circularized in reference to the results of sterilization. Two hundred and twenty-five letters were returned unclaimed. Four hundred and twenty-eight were neither answered nor returned. One hundred and seventy-three were answered. Of these 173, 19 were not satisfied, 22 were indifferent, and 132 were pleased with the results of the operation.

2. Of those who expressed dissatisfaction, only one gave a rational or cogent reason for doing so.

3. Of 22 social workers who had dealt with sterilized patients after parole or discharge, 19 knew of no case where



an individual was seriously dissatisfied. Three reported that they knew of such cases, two of these reporting one case each, the third mentioning "some" cases.

STERILIZATIONS PERFORMED IN CALIFORNIA STATE HOSPITALS FOR MENTALLY  
DISEASED AND DEFECTIVE PERSONS, UP TO JANUARY 1, 1928.

<i>Institution</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Southern California State Hospital (Patton)	1189	504	1693
Stockton State Hospital.....	953	502	1455
Norwalk State Hospital.....	304	203	507
Napa State Hospital.....	137	398	535
Agnews State Hospital.....	10	134	144
Mendocino State Hospital.....	112	51	163
Sonoma State Home for the Feeble-minded...	527	796	1323
Total.....	3232	2588	5820

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## AN EDUCATIONAL EXPERIMENT IN THE PHILIPPINES

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To tell the story of this very modest and humble effort along social hygiene lines for the past ten years in the Philippines I shall have to go back into the ten previous years and recall the observations which impelled my entrance as doctor and social worker into the social hygiene field.

During ten years of hospital and other medical practice among all classes, I observed a tendency in the large majority of the Filipinos to think of the sex side of life too continuously and too sordidly. I saw a general carelessness as to the most sacred affairs of family life, and heard careless, free, and very vulgar talk in homes in the presence of children, and by children themselves. Even educated young people were insensitive to the niceties of conversation, action, or allusion in

these matters, though refined and dignified perhaps upon every other point. Children and young people were in constant contact with illegitimacy, rape, lust, and promiscuity; they had a knowledge of the prevalence of concubinage where least expected; they saw its unashamed pursuance.

Poverty and over-crowding had much to do with producing these conditions. Whole families slept together on grass mats on the floor of the same room, with no privacy. Sometimes the single room was shared with relatives or other visitors, or with boarders. The tropic climate was conducive to careless living, and to the wearing of few clothes. Free living together was common because of the expensiveness of having a marriage ceremony. Children heard all sorts of talk, saw everything going on. Nurse-pupils have frequently recounted to me with regret the fact that careless family arrangements and customs acquainted them so soon with things unsuited to the minds of children. One girl told of her experience when she was three years old—of sitting on the sleeping mat on the floor by the side of her mother who was in travail—of how terrified she was, poor child!—screaming and crying when her mother cried; and the memory of that day haunts her still. Because life was so very open, Europeans in the Philippines had to be careful for their children. The children of the poorer people heard everything coarsely said.

The difficulties were greatly increased by the fact that all the large Philippine cities are port cities, with a cosmopolitan population, with ships coming into the port and men from almost every land thronging the streets every day in the year. There is practically no stable public opinion. Oriental ideas and ideals have a marked influence, though less marked in the Philippines than in other eastern cities, untouched by western civilization.

Further, there was much general ignorance; and a general lack of knowledge about the causes, results, and danger of the venereal diseases and about methods of prevention.

And yet I observed the modesty of growing girls even in

crowded and morally unhealthful surroundings; and the constant and vigilant watchfulness of mothers, many of them poor, ignorant, and lowly, but showing the mother's instinct to preserve the purity of daughters.

Ten years ago there was a vague realization of the need for what people called "social purity teaching." But even though there was so much general carelessness as to what children heard and saw, there were many objections to social hygiene teaching as such. The old traditions, conservative notions, and false modesty involved in these objections seemed even laughable to some of us who had observed the general freedom of speech and conduct in the presence of children, and the complete sophistication of almost all children no matter of how tender an age. These children knew all life's secrets, but in a wrong, crude, vulgar way. Certainly ignorance of life's proper values did not in any sense mean innocence.

A definite moral conscience was awakening, however. The need of a setting-right began to be recognized by doctors, nurses, teachers, and educational leaders, by social workers, and by students themselves. There began to be a groping for purity and morality on the part of many of the younger generation, students principally. Young teachers awoke to the fact that pupils are beset with dangers, and that teachers have a greater responsibility than merely didactic teaching; there was a new appreciation of moral idealism and a realization on the part of all leaders and the best of the young parents that illegitimacy, adultery, rape, irregular morals, and venereal diseases were gaining an alarming foothold. But what to do about it was the question, and the missionary doctor was chosen to do something.

In six or seven years, I talked informally to about 20,000 boys and girls in dormitories, clubs, schools, high school classes, teachers' groups, and other gatherings. The eager response to even an hour's simple talk on the beauty and attractiveness and the imperativeness of pure living, together with the innumerable requests for a repetition that came from

all kinds of schools and organizations, convinced me of the efficacy of such teaching, as well as the great need. One group of young high school boys in a Young Men's Christian Association student meeting after hearing an evening's talk signed the "Purity Pledge," 500 of them in five minutes!

In the great—and very creditable—University of the Philippines, the professor of sociology was very desirous, about three years ago, of including some definite and personal moral teaching in his classes. He decided to take advantage of the growing and changing conscience, and asked me to speak to his mixed group of College of Education students on "Social Purity." This was to be a feeler, a try-out. The response was electric, and at the close of the informal talk the professor rushed up enthusiastically and burst out with, "Fine! Just what we want. Come and give us a course." So I proceeded to make a course. Collecting from my memory lessons, illustrations, persuasive and inspiring things I had found and used in informal talks to many groups, reading everything I could find (which was too meager) from the United States, and drawing upon my remembrance of personal conferences and the rich experiences that had fallen to me for many years, I made a tentative course of simple lectures.

The subjects included were "Social Purity," "How and Why to Teach," "Whom to Teach," "Puberty," "Reproduction," "Heredity," "The Family," "Venereal Diseases," and others especially adapted to Filipino students' needs. Later, to stimulate interest, I added posters, charts, leaflets, and an inspirational popular lecture as a "clincher"; for this I had two slides from real life for which I took incidents from hospital experiences and posed Filipinos.

For two years this course of sex education lectures has been given regularly to university classes, most of the members being students in the College of Education. About 600 regularly enter the course. The personal interest and response have been more than gratifying. One class of about forty young men sent a representative to give me the following

message: "We never heard this teaching before. We are deeply impressed. We thank you, and we are all going to try to follow." Many students have said, "We are taught everything else; science and art are opened to us; but the way to live true lives has been denied us, though this is the most vital need we have." There has been a very general desire "to set the example of pure living and to tell others." Former students tell me how they have made use of what they learned in the sex education course. Young teachers say they now feel able to detect danger signals among pupils, and know how to lead young boys and girls in the right path. Many have expressed the desire to teach younger brothers and sisters and thus safeguard them.

Simple descriptive leaflets warning against immorality and venereal disease have been distributed free through normal and high schools to the number of about 60,000 copies during the past few years, upon request of the Superintendent of City Schools in Manila.

Today's attitude is optimistic. Now that 50,000 or more have heard the personal message in the lecture courses and informal talks of the last ten years, and thousands of others have received and read simple, pertinent literature, we feel that ours has been a successful experiment. There is now an unofficial recognition of the value of sex education. The teaching is now confined to more mature students, and those who have had it are making use of it to guide younger children. Old prejudices and superstition are being broken down; friendliness has been generated; and there is a demand on the part of students themselves, which is the most encouraging thing of all.

Today, thousands of young Filipinos are looking with wondering eyes and a new heart toward the promise of a better future, with health, home, children, prosperity, and sobriety; they like it, and appreciate it.

Social hygiene teaching has had the broad effect, as desired, that while it has aimed definitely at setting the young people

right on the matter of sex itself, yet the ideas of home and family have really become ideals; a new appreciation of the beauty of love and marriage has come; and an intelligent and reverent love for the parents, especially the mother, is beautiful to see. All of this is developing a fineness of character, and the future is made easy for the continuance of purity teaching.

Mother's Day, officially, is in December in the Philippines as then the schools and colleges are in full swing and much can be done among the students. Once on Monday following Mother's Day the students in the university had celebrated, and were permeated by the spirit of the day. When I stepped into my social hygiene class that evening 70 expectant young men and women greeted me, and one quiet, diffident young man stood up and said, "May I say something?" Of course he had the floor. Then he said, "I have been deprived of a mother since I was a baby; I have never known a mother's love; will you not speak to us on mothers?" And for 10 or 15 minutes I spoke to them right out of my heart, about mothers.

A beautiful woman who had been prejudiced against sex teaching, said last year, "I am changing my mind; *my own children are growing up now!*"

## EDITORIAL

### GUARDING THE OLYMPIC GAMES

A gold rush, an oil boom, a fleet in port, the "big game" of a university football team, or any other event which promises to bring large numbers of male visitors to a place is looked on by the underworld as a big business opportunity. If the event occurs in a locality where commercialized prostitution is either legalized or tolerated the chances for exploitation are, of course, greatly enlarged. This, in turn, means more exposures of visitors to both moral and physical dangers,

the latter being well exemplified by venereal disease infections. Our army and navy health officials have given this condition much attention and their reports carry many references to the rise in incidence rates due to infections acquired in camps and ports where there is a lack of law enforcement and where protective and recreational facilities are lacking. Nor are civilians exempt from these hazards, for the profiteers of prostitution seek profitable customers in whatever ranks they may be found, and the spirochete and gonococcus are not selective in so far as the garb of their victims is concerned.

The celebration of the Olympic Games attracts throngs from all parts of the world, a large part of whom are boys and young men. Many are competitors—selected for strength and prowess in sports to uphold the honor of their countries. Others are friends, classmates or co-workers who have saved their money and arranged vacations in order to visit foreign lands, to view the games, and to encourage their comrades. Surely all nations owe a duty to these pilgrims assembled to celebrate the anniversary of an historic set of games intended to epitomize all that is fine, fair and sportsmanlike in competition.

There is strong evidence that many nations now are awake to the hazards surrounding events of this kind and that the Olympic Games of 1928 will receive attention from both voluntary and official sources. One important and gratifying illustration of this trend is seen in the action of the Union Internationale Contre Le Peril Venerien which is circulating to its various member societies throughout the world a letter from the Amsterdam Committee of the Dutch Society for Combating Venereal Diseases and urging that "proper cooperation" be given to the Amsterdam Committee.

The letter is addressed to Dr. J. A. Cavaillon, Secretary General of the Union Internationale and reads as follows:

"My dear Secretary General: As you know the Olympic Games will take place at Amsterdam on May 17

to June 15 and July 28 to August 12. There is no doubt that a number of visitors of foreign nationalities will come here. It goes without saying that prostitutes will be attracted and some measures will be taken to keep them away. The Amsterdam Committee of the Dutch Society against the Venereal Diseases is of the opinion that national societies whose people will be represented at the games either as participants or as visitors should cooperate by determining the most appropriate recreations to be provided for their compatriots. In addition to the measures the national societies will deem advisable to take in their respective countries, it also may be worth while to recommend to them the issuance of a pamphlet through the Bureau of Information which will be installed in the stadium. It is understood, of course, that these pamphlets will be prepared by the individual national societies in their respective languages, printed and sent by them here.

“Please cooperate with us by notifying the various national societies who are members of the International Union that we shall be glad to exchange views with them on this matter.”

The American Social Hygiene Association as the American member of the Union Internationale already has initiated correspondence and assembled data and suggestions for this effort based on the experience gained at the Panama Pacific Exposition of 1915 and in the many other protective programs which it has initiated and developed over the intervening years.



## SOCIAL HYGIENE BULLETIN

*Continuing the SOCIAL HYGIENE BULLETIN which was published  
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**Traffic in Women and Children. Advisory Committee of the League of Nations.**—The seventh session of this Committee was held at Geneva from Monday, March 12th, to Saturday, March 17th.

The Committee held joint meetings with the Child Welfare Committee on March 19th and 20th.

The following members and assessors were present at the meetings of the Traffic in Women and Children Committee:

M. Regnault (France) in the Chair; S. E. M. Carton de Wiart, M. I. Maus (Technical Expert), Belgium; Mr. S. W. Harris, Miss Wall (substitute delegate), British Empire; Dr. Estrid Hein, Denmark; M. Bourgois, M. Le Luc (délégué suppléant), France; Dr. G. Baumer, Frau Dr. Matz (délégué adjointe), Germany; S. E. Le Marquis Paulucci di Caboli (Vice-Chairman), M. Molossi (Technical Expert), Italy; M. N. Ito, Japan; Mme. Romniciano (délégué suppléante), Rumania; Don Pedro Sangro Y Ros De Olano, Don Emilio M. Martinez Amador (délégué suppléant), Spain.

Assessors: Mr. F. A. R. Sempkins, International Bureau for Suppression of Traffic in Women and Children; Mme. Avril de Sainte-Croix, Women's International Organisations; Mme. La Baronne de Montenach, Association catholique internationale des oeuvres de protection de la jeune fille; Mme. Curchod-Secretan, Fédération des Unions Nationales des Amies de la Jeune Fille; Mrs. C. Cohen, Jewish Association for the Protection of Girls and Women.

M. Varlez, International Labour Office, was present as representing that office.

Mr. Bascom Johnson, Director of Investigations of the Special Body

of Experts on Traffic in Women and Children, was invited to take part in the discussions of the Committee.

*Report on Progress.*—This report, submitted by Dame Rachel Crowdy, again showed that a number of Governments, members of the League of Nations, have not adhered to the international conventions which deal with the Traffic, and the Committee decided to ask the Council to send another reminder on the subject to those Governments.

Dr. Estrid Hein stated that the 1910 and 1921 Conventions would, in all probability, be shortly ratified by Denmark.

*Wages of Women.*—One of the resolutions passed at the last session of the Committee dealt with the low wages of women as a factor in the problem of prostitution in its relation to the Traffic.

No action could be taken on that resolution because the Council of the League adopted a report that "Women's wages seem to be a large economic question and to be outside the scope of the Committee's work."

*Employment of Women Abroad.*—At the 1927 session of the Committee, a resolution was adopted asking for an enquiry to be undertaken by the Secretariat, with the assistance of the International Labour Office, regarding the methods adopted in different countries in connection with the material and moral protection of artistes traveling abroad.

It was subsequently decided that the International Labour Office should make further enquiries and submit a memorandum, and that a questionnaire should be prepared to serve as a basis for discussion at the 1928 session. These were considered. The memorandum showed the complexity of the question and the different viewpoints from which it is considered where legislation is concerned. The girls concerned form a small minority and are therefore liable to be overlooked in the consideration of protective laws; this in spite of, or perhaps even because of, the special conditions in which they work. The tremendous amount of protective work done by voluntary organisations, however, becomes quite obvious when the subject is studied.

It was decided to apply to the Advisory Committee of Intellectual Workers for information possessed by that body.

It was felt that direct approach to Governments on certain points

would be preferable to asking the International Labour Office for further information and it was therefore decided to send a questionnaire to Governments.

A further resolution was adopted in the following terms:

"The Committee, considering that the artistes' professional organisations can give most useful information on the subject of the protection of young women artistes, asks the International Labour Office if it will be so good as to approach some of the principal organisations and ask them to furnish any observations they may have upon the subjects dealt with in the questionnaire, and report upon their replies to the Committee."

*Reports of the Voluntary Organisations.*—The assessors submitted their annual reports. Of the recommendations made, the Committee mentions the following in its report to the Council:

1. The consideration of repatriation of prostitutes.
2. The consideration of child adoption.
3. The study of the question of the biological education of adolescents.
4. The extension of the inquiry into the traffic in women to the Far East.
5. The more extensive representation of women on all committees which are more particularly concerned with the social and moral interests of women.

The first two were submitted by the International Bureau, the third by the Jewish Association, and the fourth and fifth by the International Women's Organisations.

*Women Police.*—A report submitted by Frl. Erkens, Assistant Inspector of Police of Hamburg, was read to the Committee by Dr. Baumer and it was unanimously decided to place the subject of women police on the agenda for the next session.

It was also decided to place the question of the assistance to be given to discharged female prisoners on the agenda for next year.

*Report of the Special Body of Experts—Part II.*—Considerable time was spent on a discussion of this report. The following resolution was unanimously adopted:

"The Committee, having examined Part II of the Experts' Report,

and having heard the observations to which the Report gave rise, requests the Council to ask the Governments and voluntary organisations to forward to the Secretariat any documentation in their possession which may add to the information already available on the question with which the enquiry is concerned. The Committee once again expresses its warm thanks to the Experts."

*Continuation of the Experts' Enquiry.*—A lengthy discussion took place on this subject, which is complicated by the fact that no funds are, at present available for further enquiry. There was difference of opinion as to whether any further enquiry should deal first more thoroughly with abolitionist countries or whether enquiry should be made in countries in the East which have not been touched by the previous enquiry.

The following resolution was adopted:

"The Committee recommends that the enquiries made by the Special Body of Experts should be continued and extended and hopes that the necessary funds will be forthcoming.

"The nature and scope of the further enquiries will need careful consideration, and the Committee proposes to put this subject on the agenda of its next session in the belief that it will then be possible to make a definite recommendation.

"In the meantime, the Committee invites its members, the Secretariat, and the voluntary organisations represented on it to take such steps as may be possible to prepare the way for the further enquiries."

*Licensed Houses of Prostitution.*—The eighth ordinary session of the Assembly of the League adopted the following resolution:

"The Assembly having learnt with the greatest interest that the Traffic in Women and Children Committee is examining carefully, in connection with Part I of the Experts' report, the problem of the relationship which exists between the licensed house and the traffic in women, requests the Traffic in Women and Children Committee to examine as soon as possible the question of the desirability of recommending to all Governments the abolition of the system of the licensed house."

This was exhaustively discussed by the Committee. The general opinion of the Committee is becoming more and more opposed to the official toleration of brothels, and the grounds for that opposition were very fully stated. There remains one real difficulty which was put

before the Committee. Some countries which maintain the system, entertain grave doubts as to the result on public order and public health which might follow the abolition of the system.

It was held that the Governments of the countries where the system is in force can justly ask for more information as to difficulties which follow abolition, and as to the measures necessary to counter those difficulties.

The following resolution was agreed to :

“This system in its relation to international traffic in women has received the anxious attention of the Committee on several previous occasions. The Committee realises that further light has been thrown on the whole subject by the prolonged enquiries made by the Special Body of Experts, and by the conclusions set forth in Part I of their Report.

“Having regard to the seriousness of the evil arising from the traffic, the Committee earnestly hopes that the Governments of all those countries which still retain the licensed house system will investigate the question as soon as possible in the light of the Report made by the Body of Experts and the other information collected by the League of Nations.

“In order to facilitate this investigation, the Committee asks the Secretariat to make a study of the laws and regulations in force in those countries where the system has been abolished.”

*Punishment of Persons Who Live on the Immoral Earnings of Women.*—At the last session of the Committee a resolution was passed asking the Secretariat to make a résumé of laws in their possession of different countries dealing with the punishment of persons who live wholly or partly on the immoral earnings of women.

The following resolution was adopted :

“The Committee, taking note of the large volume which would be necessary to make a collection of the laws on procuration and trafficking, and of the expense which would be entailed, requests the Secretariat to make a concise study of the laws and penalties relating to the souteneur—the person who lives either wholly or in part upon the immoral earnings of a woman. The Committee suggests that this study might be based upon the laws available in Part II of the Experts’ Report, and upon information furnished by Governments represented on the Committee.”

*Desirability of Abolishing the Age Limits in the Conventions.*—This question was raised before the Committee in 1924 by Mr. Cohen. The conventions make a distinction between traffic in girls under age, with or without their consent, and traffic in girls over age. In the latter case protection is only afforded in cases where fraud or violence has been employed. The age limit was raised to 21 as recently as 1921 and countries which have signed and ratified the Conventions already make reservations as to their ratification. Some members of the Committee feared, not only that it is impracticable to ask Governments to agree to the abolition of the age limit, but that the result might be to delay or prevent the ratification of the existing Conventions.

It was decided to request Mr. Cohen to submit a report on this question at the next session.

*Consideration of Replies Received from Governments Relative to the Suppression of Obscene Publications.*—It was decided in 1926, with the sanction of the Council of the League, to ask for information on this subject from Governments. At the last session it was felt that the subject should be postponed in view of the fact that a large number of Governments had not replied. Further replies having been received the matter came up again this year.

The following resolution was adopted:

“The attention of the Traffic in Women Committee has been called to Article 16 of the International Convention of 1923, on the subject of the suppression of obscene publications. The article is as follows:

“‘Upon a request for a revision of the present Convention by five of the signatory or adherent parties to the Convention, the Council of the League of Nations shall call a Conference for that purpose. In any event, the Council will consider the desirability of calling a Conference at the end of each period of five years.’

“As the question of the desirability of calling a further Conference may come before the Council, the Advisory Committee desires to suggest to the Council that the time has not yet come for such a step. The Committee proposes to place this question on its agenda for the next session and to consider the best means of giving effect to the intentions of the framers of the Convention.”

*Legal Age of Marriage and of Consent.*—At the last session in Geneva a joint meeting of the Traffic in Women Committee and the Child Welfare Committee passed the following resolution:

"1. The Advisory Commission, sitting as a plenary meeting of the two Committees, has taken note with the greatest interest of the Report submitted to the Child Welfare Committee on the age of marriage and the age of consent.

"2. It is of opinion that this question should continue to be examined jointly by the two Committees, since the problems which it involves are concerned both with the traffic in women and children and with child welfare.

"3. The Commission, being convinced that the fixing of too early an age as the age of consent is likely to encourage traffic in women and children and to lead to the corruption of young persons, requests the Council of the League of Nations to draw the attention of Governments to the imperative need of fixing the age of consent sufficiently late to ensure the effective protection of children and young people.

"4. As regards the age of marriage, the Committee also thinks that it is important that the age of marriage shall reach an adequate standard. It decided to postpone to its next session further consideration of this question and its possible relation to the age of consent."

It was decided to continue the examination of the question jointly this year, but the Traffic Committee held that the subject was divisible into two parts:

1. The influence on the Traffic.
2. The legal questions to which it gives rise.

On the first point the following resolution was passed by the Committee:

"The Committee, having perused the Experts' Report and the replies from Governments, observes that the fixing of the age of consent and the age of marriage at too early an age is apt to encourage the traffic and to promote the corruption of the young, and, without going into legal details involved, recommends that the appropriate legislative action should be studied by the Child Welfare Committee."

The second point was considered at a joint meeting, at which the assessors on the Child Welfare Committee were present.

The replies received from Governments showed a wide divergence in the ages of marriage and consent in different countries and between those countries.

The whole course of the discussion was on the lines of fixing the ages as high as possible in each country.

**Venereal Diseases Prevention Measures in Australia.**—According to a report in the Medical Journal of Australia, the director of the venereal disease clinic in Melbourne has examined figures obtained by statutory notification and has shown that while the medical profession in Victoria does not wholly comply with the law, an approximate estimate of the amount of disease in this area can be made. In the course of six years 291,901 infections were reported in the metropolis. This would be equivalent to 32.4 per cent of the population, or 48.6 per cent of the population above 16 years of age. The vast amount of venereal diseases affects persons between the ages of 17 and 50. It is estimated that the average yearly number of infections notified in Victoria is 8,779, that sexual life extends from 16 to 50, covering a period of 36 years, and that the amount of venereal disease in the whole state would equal 307,265 infections. The proposal of the Australian association for fighting venereal disease, that instruction in elementary physiology, including the functions of reproduction, should form part of the training of every child, is quite sound and may be expected to contribute to some extent to the reduction of illicit sexual intercourse and venereal infections. Properly conducted prophylaxis can prevent gonorrhea and at times syphilis. This has been proved both in civil life and during the World War among soldiers. Facilities should be provided in every city for the application of adequate prophylactic measures against venereal diseases.

**Congress of Dermatology and Syphilology.**—The eighth International Congress of Dermatology and Syphilology was originally scheduled to meet in Copenhagen in 1915, but it was postponed because of the World War. The Danish Dermatological Society feels that it will now be possible to carry out its plans and has decided that the Congress take place in 1930 in Copenhagen. It is hoped that it will be possible to have full representation from other nations, and an invitation is extended to dermatologists and syphilologists in all countries to attend the Congress, August 5 to 8, 1930, and to support it with their scientific contributions. The committee on organization will appreciate any suggestions. Dr. S. Lomholt is the secretary general of the committee and his address is Raadhusplads 45, Copenhagen, Denmark.



**Compulsory Notification of Venereal Diseases in Scotland.**—A note in a recent issue of "The Lancet" reports that since August 1921 resolutions in favor of the general principle of compulsory notification of venereal disease, in one form or another, have been submitted to the Scottish Board of Health by twenty-nine burghal authorities, by combined venereal disease authorities representing burghs in Ayrshire and Lanarkshire, and by the Convention of Royal Burghs. The Corporation of Glasgow at a deputation about a year ago also raised the question of compulsory notification. In present circumstances it is not considered that the exercise of such powers as the Board have under the Public Health Act (Scotland), 1897, would be an appropriate method of dealing with the matter.

**Syphilis Incidence Statistics in New York State.**—Under the heading "Apparent Decrease in Syphilis" the April 2 issue of "Health News," published by the New York State Department of Health, contains the following item:

For a number of years, friends of public health activities have watched eagerly for statistical proof of a decrease in the incidence of syphilis. New York State frequently has expressed confidence in progress made in controlling syphilis but has never been able to convince the skeptical by statistical tables. The morbidity rates for syphilis now available in the State, exclusive of New York City, may reinforce the belief of health officials that a start in the control of syphilis has been made.

<i>Year</i>	<i>Cases of Syphilis Per 100,000 Population</i>
1919. ....	191
1920. ....	194
1921. . . . .	198
1922. ....	209
1923. ....	230
1924. ....	228
1925. ....	270
1926. . . . .	252
1927. ....	248

The table above corresponds rather closely to what would be expected in an effective campaign for the control of the disease.

Theoretically the rates should increase for a few years. Physicians should be increasing their vigilance in eliminating syphilis in all routine examinations, in detecting hidden cases and in dis-

covering congenital cases. The educational activities of the department should lead lay people to seek treatment voluntarily. Hence, the number of cases reported would increase year by year for a time. With the gradual decrease in old cases to be reported and if there be an actual decrease in new infections and congenital cases, a time will come when the reported cases will no longer increase but decline. The statistics seem to indicate the possibility of the crest having been reached. However, the decline in the past two years has been so small and the time so short that it can be considered only an indication. Nevertheless, it is a hopeful sign.

**The Next Ten Years in New York State.**—In his recent address before the Twentieth Anniversary Meeting of the State Committee on Tuberculosis and Public Health of the State Charities Aid Association Mr. Homer Folks has outlined the aspirations of the Association in promoting the public health program in New York State. In his list of outstanding objectives after mentioning the continuance of efforts in fighting tuberculosis and heart disease he outlines a campaign against the venereal diseases in the following statements:

Notwithstanding its difficulties, I am fully persuaded that next in order should come a more comprehensive and intensive effort to control the venereal diseases. Have we not lost some ground in this field since the withdrawal of Federal aid? Can a campaign of this nature achieve a large degree of success without a large participation by nurses and social workers?

It often seems as though one could not get far in exploring any of the physical or mental ills to which mankind is heir, without running across the trail of syphilis. Any step in the reduction of syphilis would be an outstanding contribution to nearly every other health need. We are told that a well-recognized group of health cases, say from 10% to 15%, of the total number reaching hospitals and clinics, are due to this infection. One of the most serious forms of mental breakdown, until yesterday, so to speak, always progressive and fatal, is of this origin. The trail of evils attendant upon pregnancy and childbirth in an astonishing number of cases traces to the same source. It fills an astonishing proportion of the beds of our hospitals for chronics and incurables. Gonorrhea supplies an astonishing proportion of the cases of women requiring major surgical operations. It contributes to the ranks of the blind.

Yet both these diseases are readily recognizable, both respond to treatments, in both early treatment approaches a cure.

Why have we made so little progress that in New York State outside of New York City, where 8,734 cases of tuberculosis were recorded in 1925, there were in the same time and area, 13,147 cases of syphilis reported, and 4,629 of gonorrhea. To seek to answer that question raises other questions, embarrassing, difficult, complicated. But what is a great organized body of intelligent, forward-looking citizens for, if not to help to face and deal with embarrassing, difficult and complicated questions?

Perhaps, after all, they are not so embarrassing nor so difficult. I have seen two or three pieces of social hygiene work in this State which seemed to me extraordinarily simple, raising no questions on which there could be any intelligent difference of opinion, but at the same time almost unbelievably useful and effective. Put this down as one of the great needs to which we must soon give our most serious attention and most earnest efforts.

**One National Negro Health Week Program.**—April 1-8 was observed this year as National Negro Health Week. The American Social Hygiene Association was one of the many organizations cooperating in a nation-wide program, offering without charge selections of pamphlets and sets of posters. In one small community in Alabama through the efforts of a devoted worker a splendid series of talks and exhibits was arranged, with the following results:

"It is with pleasure that I write to tell you of the great success we had in putting on talks for the three churches and three colored schools (including High School grades)—nearly 200 pupils in all. The pictures and pamphlets were very much appreciated by both teachers and scholars. I found a little school way out miles in the woods that it took an hour to reach. I did not intend to write anything but a formal thank you but really I believe that that little school out in the wilds would have interested you and have made as much of an impression as it did with me. It took me all morning from 9 to 1 to attend to it but I feel that it was well spent.

"They did not know that anyone was going to visit them as their little school house is nearly a mile from a public highway, but everything was as clean as my own home and even the floor had been scrubbed, because the stove pipe had fallen down and mussed up things a little while before my arrival. A young girl teacher

(who is also a Sunday school teacher at her home near Mobile) was in charge. They were all dressed in clean clothes with their hair done up in twists and tied. Most of them had shoes on. And their teeth gleamed as bright as pearls. I asked if they knew which was the right way to brush their teeth and they all knew and even had a tooth brush drill to demonstrate it. Hygiene is being taught to them better than to me when I was a pupil in the Boston schools sixty years ago. We did not know much of it then in the public schools. After my health talk they voted me a great demonstration of hand and clapping and Negro songs. They had a quintet worthy of a city."

**Conference on Parental Education and the Public Schools.**—The Child Study Association of America, in cooperation with Teachers College, Columbia University, will hold a two-day conference on Parental Education and the Public Schools at Teachers College on July 16th and 17th.

This conference is planned to bring to the attention of school administrators, superintendents, principals, and others the present status of parental education, and the purposes, aims and possibilities of parental education in connection with the public school system, both for parent and the public schools themselves.

While this program has been specially arranged for the school people, it will be of great interest to the public at large and many of the sessions will be open to all.

On Monday, July 16th, from 10 to 12:30 A.M. the topics for discussion will be Parental Education Today—Its History, Status, Scope, Purpose and Aims; How Educable Are Parents; and How Parents Can and Do Affect the Character of Public Education. This will be followed by discussion.

From 3 to 5:30 there will be several round tables for the presentation and discussion of programs in parental education now being carried on in such places as Iowa, Cleveland, Minnesota, New York, etc.

At the meeting on Tuesday, July 17th, the subjects to be presented are: What a System of Public Education Can Offer in Continuous Parental Education; How Parental Education May Promote the Effectiveness of the Public Schools; The Function of the Parent-Teacher Association in Parental Education; and The Function of

Study Groups in Parental Education. This will be followed by general discussion.

From 3 to 5:30 there will be a round table discussion of What is the Distinctive Rôle of the Present Day Parent?; What Equipment Do Parents Need Today?; and What Can the School Contribute to this Equipment?

**Social Hygiene on the Radio.**—The New York State Department of Health has inaugurated a most successful series of radio talks on the subject of social hygiene. In the beginning these talks occupied five minute periods, but the time was later increased to ten minutes. An endeavor was made to present the idea that social hygiene aimed to control syphilis and gonorrhea. The fact that this idea has gotten across was proved by the requests for more specific instructions which came in by mail. About a year ago one series of four talks was given at weekly intervals at an afternoon hour by a physician who discussed the ductless glands and the need for telling the story of life to young children. A pamphlet "The Wonderful Story of Life" was offered and a number of requests for it were received from mothers throughout the State. This year there was a series of five fifteen-minute weekly talks with frank discussion of the medical aspects of syphilis and gonorrhea. The first talk gave an outline of the historical aspects of the diseases, the second discussed them from the medical and public health point of view, and the third gave the state program for their control. The fourth and fifth talks were devoted to the possibilities of an educational program with suggestions as to material and method of presentation for various age groups. The responses to this series were numerous and favorable enough to warrant making plans for another series of talks later in the year.

The Maine State Department of Health has also been successful in including talks on social hygiene in their radio health program. The campaign was started in January 1926 and to date 107 talks have been broadcast. The talks on social hygiene were particularly well received and the subject matter and method of presentation have been commended especially in the reports to the field workers who travel over the entire state.

**Eight \$1,000 Fellowships and Eight Tuition Scholarships Available Now in Educational Sociology!**—The sum of \$36,000 has been

made available to the Department of Educational Sociology of the School of Education of New York University for a three-year study of the effect of a boys' club program upon a local community and its boy problems in New York City.

The director of the study will be Frederic M. Thrasher, Ph.D., author of *The Gang: A Study of 1,313 Gangs in Chicago* and Assistant Professor of Educational Sociology in the New York University School of Education. An advisory council will be composed of experts in this field of research.

The investigation will be unique in that it will attempt a complete community case-study in which all factors will be considered in their interrelationships, normal as well as pathological. A recently established boys' club (with a total capacity of 9,000 boys) will be used as a laboratory for the study, and the problems of the community will be investigated before the development of the club and during the first three years of its program.

Eight \$1,000 Fellowships (payable in monthly installments) and eight scholarships will be available each year for the three-year period to senior and graduate students interested in participating in this study and in receiving degrees in the field of educational sociology. Appointments will be made for one year only with the anticipation of renewing appointments to successful candidates who show ability in this type of research. Appointments will be made on the basis of applicants' record in academic work or research and recommendations presented from competent sources.

Application blanks or further information may be secured from Professor Frederic M. Thrasher, Director of the Boys' Club Study, Department of Educational Sociology, New York University School of Education, 100 Washington Square East, New York City.

**The Third Chautauqua Institute.**—The third Institute of the American Social Hygiene Association will be held at Chautauqua in the summer of 1928 in cooperation with the Chautauqua Institution and the Chautauqua Summer Schools. Dr. Thomas W. Galloway will give again a two credit course in "Sex and Education," which will include not only a review of the groundwork of the sex-social impulses and of their control but also an examination of experiments now being conducted with a deduction of suitable materials and technics.

Dr. Galloway will be assisted by Mr. Newell W. Edson, of the staff of the Association, in presenting a two credit seminar course for advanced students, those who have taken the course on "Sex and Education" or its equivalent. It is expected through this seminar course to make advanced study of social hygiene and of the special problems involved, especially as they affect the community, and to criticise and construct special programs on the basis of the needs of the child, the home and the community. This seminar will be adapted to the specific needs and interests of those registering.

In addition to these credit courses the Association will offer a special lecture series by Mr. Edson to parents of young children and a similar special series by Dr. Galloway for teachers of church schools. The former series will include the need of sex in education, the materials and methods involved, and constant discussion of practical problems. The latter series will consider the character formation of children and the relation of sex-social behavior to it, and methods for meeting problems of family and church school. The above series involve no fees and no credits, and will include eleven sessions each.

As in other years, public forum lectures on the various phases of social hygiene problems will be provided. These will deal with the social hygiene movement here and abroad, and a consideration of its historical, public health, legislative, protective, and educational aspects. These lectures will, as heretofore, be given by speakers of authority in the field.

#### COURSES PROPOSED FOR SUMMER OF 1928

##### I. New York University Summer School.

- A. *Sex and Education.* Dr. Thomas W. Galloway. A study of the influence of sex on education and of education on sex—for the guidance of teachers and parents. The course will include an elementary review of the biological, physiological, psychological, and social groundwork of the sex-social impulses and of their expression and control; an examination of experiments which have been made in various types of schools; and an effort to deduce from these a tentative grading, placement, and technic in relation both to the schools and to the other community agencies

closest to the work of the teacher. The course will comprise lectures, assigned readings, discussions and special reports. 2 points credit.

- B. *Special Problems in Social Hygiene*. Mr. Newell W. Edson and Dr. Thomas W. Galloway. A seminar course comprising reading, special investigation, and discussion of such topics as sex education applied to the various stages of development, and special problems involved and how to meet them, the criticism and construction of special programs on the basis of the child's needs, the part which various community agencies should take in a community plan. Will be adapted to the specific needs of those registering. An advanced course for those students who have had the equivalent of course A above. 2 points credit.

## II. Chautauqua Institution.

- A. *Course for Parents of Young Children*. Mr. Newell W. Edson. 11 sessions. No fees, no credits. The course will include the need of sex-education, the principles and learning processes involved, the direction of emotional responses, tastes and habits, and discussion of practical problems.
- B. *Courses for Teachers in Church Schools*. Dr. Thomas W. Galloway. 11 sessions. No fees, no credits. The course will include a consideration of the nature and nurture of character, the church and family as character-training institutions, how sex-social behavior in and out of the family influences character, and how problems of family and of church school may be met.
- C. *Public Forum Lectures*. Chautauqua Institution. As a part of the Institution program, a series of public forum lectures will be arranged, dealing with the social hygiene movement in the United States and abroad, and with some of the more urgent problems and present problems in social hygiene in its historical, public health, legislative, protective and educational aspects. These lectures will be given by speakers of authority in this field.

**Insurance as a Social Program.**—In an address delivered at the annual meeting of the National Institute of Social Sciences, New York, February 4, 1927, Dr. Lee K. Frankel, Vice-President of the



Metropolitan Life Insurance Company, told something of the work the corporation is doing toward improvement in public standards of health. In the realization that many of the discoveries of scientific medicine had not been fully utilized, it conceived the possibility that through demonstration, survey, and research these discoveries might be confirmed and practically applied and new avenues of disease prevention be opened. Health booklets and pamphlets have been prepared with the definite purpose of interpreting scientific medicine in terms that would be readily understood. One of the latest of these publications is the booklet on syphilis—*The Great Imitator*.

**The Increase in Reporting.**—Last year the cases of syphilis reported were 50 per cent and the cases of gonorrhea 100 per cent greater than in 1919, the first year that statistics were gathered. This increase would seem to be large enough to indicate that the incidence of both syphilis and gonorrhea was increasing and gonorrhea more rapidly. However, an analysis of all the factors involved in gathering the statistics makes it seem probable that the true incidence of syphilis is not increasing but that the reporting is more complete. In the case of gonorrhea there is a growing tendency for physicians to use approved laboratories for the examination of smears. This more general use of laboratories to confirm clinical diagnosis of gonorrhea undoubtedly accounts for the more rapid rise in the number of cases reported.—“*Health News*,” New York State Department of Health, April 30 issue.

**New Journal of Abstracts in Social Sciences.**—The Social Science Research Council announces plans to establish a *Journal of Abstracts in the Social Sciences*. These plans are the result of five years study by a committee of the Council which has canvassed the situation with respect to the needs, resources, and purposes to be served by a comprehensive abstract service in the social sciences.

*Social Science Abstracts* will be issued monthly during the year and in each issue will appear systematic abstracts of new information published in the fields indicated for the preceding month or months.

This announcement is made by F. Stuart Chapin, Chairman of the Organizing Committee and Professor of Sociology at the University of Minnesota.

**Preventive Medicine and Syphilis.**—In “Evolution of Preventive Medicine” by Sir Arthur Newsholme, the author traces the progress of medicine through the ages with special emphasis on the growth and development of preventive measures. In the chapter on “Modern Preventive Medicine” he makes the following statement:—

The prospects of eliminating syphilis are more immediate than those for tuberculosis; because a specific means of treatment has been discovered, and because—apart from congenital syphilis and accidental syphilis—syphilis is only acquired as the direct result of impure sexual congress. The universal adoption of a standard of conduct which would eliminate promiscuity would wipe out this disease, as well as gonorrhea, in a couple of generations.

**Summer Courses in Michigan.**—Two groups of public health courses will be offered during the forthcoming Summer Session, University of Michigan, June 25th to August 3d.

In addition many other courses will be offered which will be of interest and value to public health workers: Biology, Chemistry, Bacteriology, Sociology, Education, Psychology, Medicine, etc.

A special Public Health Institute will be conducted on Friday and Saturday of each week during the Summer Session. This Institute is arranged primarily for those who are engaged in public health work and find it impossible to leave their work for the six weeks of the regular summer session. The Institute consists of six class periods on each Friday and Saturday for six weeks—making a total of 72 class periods. The class periods are arranged to cover the various fields of public health.

**Five Years of the American Child Health Association.**—Under this title is published the report of the activities of the American Child Health Association during the five years of its existence. The Association has adopted the plan of working through established agencies which closely touch the life of the child—boards of health, the schools, and voluntary agencies which deal with child problems. The Association directs its efforts through five main channels—(1) discovery of facts concerning the health of children and study of ways and means to develop standards of health protection; (2) preventive medicine; (3) study and promotion of the teaching and practice of health in schools; (4) cooperation with the public health authorities; (5) publicity of every possible kind.

## ASSOCIATION NOTES

Mr. Bascom Johnson has just returned from Geneva where he attended the meeting of the Commission on the Protection and Welfare of Children and Young Persons.

The first topic for consideration by the Sub-Committee on Traffic in Women and Children was the Report of the Special Body of Experts on Traffic in Women and Children and after some discussion the Committee recommended to the Council:

“The Committee recommends that the enquiries made by the Special Body of Experts should be continued and extended and hopes that the necessary fund will be forthcoming. The nature and scope of the further enquiries will need careful consideration and the Committee proposes to put this subject on the agenda of its next session in the belief that it will then be possible to make a definite recommendation. In the meantime the Committee invites its members, the Secretariat, and the voluntary associations represented on it, and to take such steps as may be possible to prepare the way for the further enquiries.”

There was also interesting discussion on the question of the resolution adopted at the Eighth Ordinary Session of the Assembly with regard to the system of licensed houses. The following resolution was entered on the records:

“This system in its relation to international traffic in women has received the anxious attention of the Committee on several previous occasions. The Committee realizes that further light has been thrown on the whole subject by the preliminary enquiries made by the Special Body of Experts and by the conclusions set forth in part I of their report. Having regard to the seriousness of the evil arising from the traffic, the Committee earnestly hopes that the governments of all those countries which still retain the licensed house system will investigate the question as soon as possible in the light of the report made by the body of experts and the other information collected by the League of Nations. In order to facilitate this investigation the Committee asks the Secretariat to make a study of the laws and regulations in force in those countries where the system has been abolished.”

The offer of a fund of \$5,000 made in 1925 by the Association to the League for Child Welfare Work in the field of social hygiene also came up for discussion, by the Sub-Committee on Child Welfare. Mr. Johnson made the following proposal: "That a study should be made of the extent to which, and the methods by which biological education is now being used in a selected list of countries to interpret to youth the influence of racial functions on human behavior." The proposal as finally adopted was as follows:

"That the fund be employed in studying the problem of the child whose environment is bad and who is exposed to moral and social danger; that 7 or 8 countries should be selected for a preliminary study; that this study should be made by a competent person to be nominated by the Chairman of the Child Welfare Committee in agreement with the Secretariat, and subject to the approval of the Council. The person appointed should gather together and correlate information furnished by the Governments and should consult not only the official bodies, but also the voluntary organizations and any individual who may be able to furnish useful information.

"The object of the study should be to ascertain to what extent provision is being made for children who need protection against moral and social dangers owing to their surroundings and what results are being obtained by the various methods employed. That on the results of this preliminary study the lines of any further enquiry should be determined."

Mr. Newell W. Edson is making a tour of Parent-Teacher Association groups. His schedule includes conferences and addresses in Florida, Georgia, Wisconsin and Illinois. His last port of call will be the meeting of the National Council of Parent-Teacher Associations in Cleveland from April 27 to May 5.

Miss J. B. Pinney is making an extended trip through the South in the interests of increased social hygiene programs in several centers. Her travels included the State Conference of Social Work in Lakeland, Florida, March 10 to 13. This Conference was held under the auspices of the Florida State Public Health Association and the Florida Health Council, with the cooperation of health and educational groups. An outstanding feature of the program was the presence at a special meeting of all the members of the new State Board of Public

Welfare, which was created in accordance with a law passed at the last session of the legislature.

Miss Pinney also participated in the program of the Texas Conference of Social Welfare in Waco, Texas, March 26 to 28, presenting the possibilities of the whole social hygiene program with suggestions as to its practical application in Texas.

Mrs. Margaret Wells Wood spent the first two weeks in April in Tennessee, addressing District Meetings of the Parent-Teacher Association throughout the state. In Nashville she took part in the general program of the State Educational Association, and addressed the Child Study Classes at Peabody College.

## THE FORUM

*The JOURNAL will publish selected letters or excerpts considered of general interest, assuming no responsibility for the opinions expressed therein. Communications must be signed, but publication of signatures will be withheld when so requested.*

*To the Editor:*

I wonder, with the various things that have gone on in the way of wretched publicity, whether it would not be better to drop the term "sex" in your whole publicity and substitute some other word. Social Hygiene Association is certainly a better term than Sex Association. Cannot some word other than sex be used for the publicity? The difficulty is that the word sex calls up too many wrong points of view. Since it is the endeavor of the Association to get right points of view established, it might be worth while discussing this question."

RAY LYMAN WILBUR.

*Dear Dr. Wilbur:*

Thank you for your letter of March 12 regarding the use of the term "sex" in our Association's publicity. Others with whom I have discussed this matter have made this same point and I remember last year that the question was asked of a group, "Is there any connotation in the term 'sex education' that is not adequately covered by the term 'social hygiene education'?"

Some writers in the field have endeavored to substitute the term "sex social" but this, in addition to having the disadvantages of a new expression does not meet the objections of those wishing to get

rid of many undesirable connotations at present attaching to the term "sex."

It occurs to me that we might adopt your suggestion of promoting discussion on this question by publishing your letter in the Forum Section of the JOURNAL OF SOCIAL HYGIENE.

RAY H. EVERETT,

Managing Editor, JOURNAL OF SOCIAL HYGIENE.

We shall be glad to have the thoughts of many other readers of the JOURNAL on this interesting suggestion made by Dr. Wilbur.

### BOOK REVIEWS

SOCIAL ADJUSTMENT. By Robert Cloutman Dexter, Ph.D. New York: Alfred A. Knopf, 1927. 424 p. \$5.00.

"Social Adjustment" by Robert C. Dexter, formerly general secretary of the Charity Organization Society of Montreal and now Professor of Social and Political Science of Skidmore College (Alfred A. Knopf), is an encyclopedic statement of what in general seems to be a liberal and "correct" attitude toward present-day social problems and social agencies combined with a considerable historical background. The book gives evidence of wide experience and of extraordinary assimilation of past and present literature in all fields of social work. Mr. Dexter seems a little cavalier in his attitude toward community chests or financial federations but perhaps that is natural from his early experience. We would suggest, however, that in addition to listing the American Association for Family Social Work as the only national organization which provides material on central councils of social agencies he might also list the Association of Community Chests and Councils which is organized specifically for the purpose of giving information on councils and on chests. The book is well documented and should be a useful text for a beginning course in applied sociology in a university or college of the liberal attitude toward social and economic questions. It also should be useful to put in the hands of a layman who wanted to know what he ought to think about procedure in some specific field of social work (aside from the community chest field).

ELWOOD STREET.

FEDERAL HEALTH ADMINISTRATION IN THE UNITED STATES. By Robert D. Leigh. Harper's Public Health Series. New York: Harper's. 687 p. \$5.00.

AMERICAN MEDICINE AND THE PEOPLE'S HEALTH. By Harry H. Moore. New York: D. Appleton & Co. 647 p. \$5.00.

"There are two simple words," states G. S. Luckett, Director of Public Health, New Mexico, "which used singly can stir in us emotions of pride and pleasure but when united seem to bear a fearful connotation that chills our hearts. They are 'State Medicine.'" In its old sense "State Medicine" meant the protection of the public health, primarily through sanitation, and was definitely distinguished from curative medicine. Progress in both fields has been so rapid that a sharp line between the two can no longer be recognized. They do not overlap; they intertwine. Hence the uneasiness, rumblings of discontent, and dire prophecies incident to readjustment; hence the "social lag," a phenomenon always observed when technical progress outdistances prevailing custom. Two new books, one dealing primarily with federal health administration, the other with medical service, help to clarify the problem and indicate the general trend of thought which will eventually, no doubt, lead to a solution. Neither of these books is strongly argumentative. Both present an amazing array of facts. Organization, whatever form it may take, seems to be the key to the solution.

Professor Leigh, discussing federal health administration, unscrambles the complex situation to some extent and explains many apparent inconsistencies by approaching the subject from the historical standpoint. The Act to Provide Sickness Insurance for merchant seamen, adopted in 1798, was the acorn from which sprang the present wide-spreading oak known as the United States Public Health Service. Local revenue agents were made responsible for collecting the dues from seamen and for arranging sick benefits. Thus the federal health service found its place in the Treasury Department. Quarantine regulations, when these were found necessary, naturally fell to the lot of the Service. Geographical boundary lines are not recognized by disease, and soon federal health control found itself expanding and becoming involved, sometimes to its discomfort, in states' rights. Meantime medical and health services grew up independently in the Army and Navy and

later in nearly every department of the federal government, the most recent and striking, perhaps, being the promotion of maternal and infant hygiene by the Department of Labor through its Children's Bureau. At present, the system is complicated to the point of bewilderment. The several attempts made in the past to form a federal board of health have all failed. Absolute consolidation seems impracticable and will probably be impossible to achieve. "The complete pattern" (of organization), predicts the author, "will be made up of the warp of consolidation and the woof of coordination," planned on the basis of function. Legislators and health workers interested in efficient administration need this book.

It is enlightening to learn on what grounds, some would say pretexts, federal health control has been extended so widely. Intrinsicly, the Service is vested with but meagre authority, but the federal police power, the taxation power, the responsibility of providing for the "common defense," the postal regulation power, all have been used in one way or another to extend federal health control. Sometimes checked, sometimes advanced by important court rulings, this control has steadily advanced in extent, and speculation as to its ultimate limits are indeed intriguing.

The practice of medicine, once a one-man job, has, as the result of a rapid increase in medical knowledge, become highly specialized. Specialism is necessarily costly. The old family doctor treated all comers and carried his equipment in a saddle bag. The modern doctor requires an array of instruments, apparatus, and hospitals, all of which are expensive, and his education represents a tidy fortune. The rich man is able to pay for the best of service; the poor man receives it free. The great middle class, unable to pay for first-class service and unwilling to be pauperized, is left dangling on a limb. Many fretfully put up with mediocre service or none at all, while others embrace cultism or quackery. But while the cost of sickness and of health is high, doctors as a whole are not reaping the profits. Their average income is distressingly meagre. (The convincing statistics submitted are hardly needed to prove the case to the general practitioner.) What, then, is wrong with the practice of medicine? Doctors now have a "vested interest in poor health" instead of in good health, or, as Shaw put it, we have made the doctor judge, jury, and executioner. The fee system is faulty. Price fixing is abhorrent to the professional man and



medical services cannot be put up in packages at so much per. Charging the grateful patient and the rich heavily in order to balance poor accounts is putting a price on the patient rather than on the service rendered. Medical service is poorly distributed; concentrated in the cities, and woefully lacking in rural sections. A wealth of lifesaving knowledge is wasted because it never reaches those who might profit by it, and so on. But the chief difficulty seems to be that medical service is too individualistic for this mechanized age. Each practitioner is an independent unit. This means a heavy "overhead" in terms of equipment and of availability of service. Another weakness is the impossibility of persons of moderate means (assuming their willingness to do so) to provide in advance for sickness. Ill health usually strikes so erratically and often with so heavy a hand that the family budgetary system breaks down under the strain of trying to predict its cost.

How can efficient medical service be insured to all without sacrificing the incentive of the doctor? How can the fine personal relationship between doctor and patient, which implies a sympathetic understanding of human factors which go deeper than the discoverable pathology, be preserved? Mr. Moore believes that the answer will be found in some type of organization, and while he describes numerous and ingenious experiments with socialized medicine, he admits that an ideal system is yet to be worked out. He insists that the present controversy concerns not the principle but only the mode of application. He predicts that practitioners who believe that their profession must continue as a highly individualized calling, as was the case with craftsmen's guilds prior to the machinery age, will not be able to stem the tide of public demand for health and sickness protection on a social basis. Will the medical profession be "crushed as by a steam roller," he asks, or will it "recognize the trend and assume that leadership which is its right and duty to assume?" H. E. KLEINSCHMIDT, M.D.

OUR GIRLS AND OUR TIMES. By Caroline Benedict Burrell. Boston: W. A. Wilde Co., 1927. 159 p. \$1.25.

"Our Girls and Our Times" is a book for the relief and reassurance of parents. Written in a simple style, it deals with the problems of adolescence, notes the pitfalls for unwary parents, and gently suggests ways of avoiding them.

While the writer presents material with which we are all more

or less familiar, she also reminds us of the things which we are likely to forget, and has a sane viewpoint regarding the wild doings of the worrisome "younger" generation, which is mainly that they are not so wild as they are painted.

Given the proper guidance at home or school, the girls will find themselves. Some valuable suggestions are made to mothers, teachers, and girls themselves as to use of stored up energy in helping the community.

We regret that the author uses so many quotation marks, and fails to give us a bibliography, or at least some hint as to the source of the quotations, or a little description of the people who are named.

MARGARET McC. HISCOCK.

### BRIEFER COMMENT

**"FIT AND PROPER"?** A study of legal adoption in Massachusetts. By Ida R. Parker. Distributed by the Church Home Society. Boston, Mass.: 1927. 130 p.

A study undertaken at the request of the Department on Children of the Boston Council of Social Agencies to discover the extent and nature of adoption practice in Massachusetts and to learn how a certain group of adopted children turned out.

**FROM OCEAN UNTO OCEAN**—The Twelfth Annual Report of the Council for Social Service of the Church of England in Canada. Toronto: The Church House. 1927. 68 p.

The report takes up various phases of the work of the Council one of which is Family Life and Social Hygiene. The report stresses the divorce problem in Canada and the remedies for the spread of divorce.

**HEALTHY GROWTH.** By Alfred A. Mumford. London: Oxford University Press. 1927. 348 p. \$5.00.

A study of the relationships between the mental and physical development of adolescent boys in a public day. Based upon a detailed study of a school with a daily average attendance of over 1000 pupils varying from 10 to 19 years of age.

**MENTAL HEALTH OF THE CHILD.** By Douglas Armour Thom. Cambridge: Harvard University Press. 1928. 46 p. \$1.00.

One of Harvard Health Talks series stressing the point that "the foundations of mental health are laid very early in childhood and that many of the modes of conduct become well defined during the pre-school years."

**THE PROHIBITION MANIA, A REPLY TO PROFESSOR IRVING FISHER AND OTHERS.** By Clarence Darrow and Victor S. Yarros. New York: Boni and Liveright. 1927. 254 p. \$2.50.

An examination of the arguments advanced by Irving Fisher and other advocates of prohibition by two opponents of prohibition legislation.

The preface states that the book is not propaganda but is designed to serve as an intellectual, clean and honest argument for the side which it represents.

A SON OF MOTHER INDIA ANSWERS. By Dhan Gopal Mukerji. New York: E. P. Dutton & Co. 1928. 112 p. \$1.50.

A challenge to Katherine Mayo's Mother India by a native of India offered to those interested "in fair dealing and betterment of conditions in India."

### PUBLICATIONS RECEIVED

*Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.*

THE CHILD AND SOCIETY. By Phyllis Blanchard. New York: Longmans, Green and Company, 1928. 369 p.

FACTUAL MATERIAL IN CHILD CARE SURVEYS OF THE BUREAU OF JEWISH SOCIAL RESEARCH. By Samuel A. Goldsmith. New York. Bureau of Jewish Social Research, 1927. 12 p.

JEWISH COMMUNAL SURVEY OF GREATER NEW YORK, First Section. New York: Bureau of Jewish Social Research, 1928. 45 p.

MEMOIRES COURONNES ET AUTRES MEMOIRES. By A. Van Schevensteen, Brussels, Belgium: Etablissements d'Imprimerie l'Avenir, Editeurs de l'Academie, 1927. 78 p.

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## BOOK REVIEWS

THE INNER WORLD OF CHILDHOOD. A STUDY IN ANALYTICAL PSYCHOLOGY. By Frances Wickes. New York: Appleton, 1927. 380 p. \$3.00.

This book from the hands of a practicing psychoanalyst should be welcome to the layman. In a most illuminating way it makes plausible the hypothesis of the influence of the child's unconscious upon his conduct and the factors which tend to build up this unconscious. By one who evidently knows the child rarely there is revealed to the parent, who must live with the child as he is, the inner motives behind conduct which frequently seem so inexplicable to the uninitiated. The book is replete with excellent examples that make for clarified understanding and, more than is true of most writers in the field, is happily free from many of those terms so familiar to the specialist but usually so unintelligible a jargon to the ordinary reader.

In the preface the author states that as she studied children's problems "two things stood out clearly in this exploration of the kingdom of the unconscious. The first was that the most important element of early normal development was a sense of security in the fundamental relationships of life. . . . The second was the realization of the thread of purpose that ran through all these manifestations of the unconscious." After a few pages on "The Scope and Methods of Analytical Psychology," excellent chapters on the "Influence of Parental Difficulties upon the Unconscious of the Child" and on "Early Relationships" reveal (to quote from Carl

Jung's introduction) that "the child is peculiarly attached to and intertwined with the parents' mental attitude." These are chapters every parent interested in the education of his child should know. The chapter on "Adolescence" is all too brief but is clear in its statement of parental duties. The few pages on "The Acceptance of Consciousness" are a stepping stone to the analyses of "Psychological Types," which go far toward explaining the concepts concerning the introvert and the extravert child. The chapter on "Imaginary Companions," "who took so important a place for a time and then silently vanished," will open up to many readers a new vision of a world of childhood often hardly sensed by parents and rarely understood, into which the child retreats to escape realities or to make up for deficiencies. It is perhaps the most revealing chapter in the book. The last four chapters ("Fear," "Sex," "Dreams," and "A Correlation of Dream and Phantasy Material") further bear out the author's concluding sentence: "A knowledge of our own problems, and a relationship of love and trust with the child, and a continuous effort toward greater consciousness, first for ourselves, then in his own developing life, are the things that we must seek after if we are to have a helpful part in shaping the lives of children."

Quotations from the chapter on "Sex" show its viewpoint and content better than comment. "The first and most important question in the problem of sex education of the child is—what kind of sex education have we had ourselves?"—"It is not sexuality, but the attitude toward sexuality that is the important factor."—"In this, as in all other instruction, he will not get from us what we say, but what we, in our inmost depth, believe."—"A child is not interested in sex matters because they are sex, but because they are a part of life, and his business is with living."—"If curiosity is satisfied quite simply at the time of its normal appearance, the subject falls into its proper place and carries no overweight of mystery or oppression." Unsatisfied curiosities "later may return, in which case he will find himself confronted with infantile things that should have been long outgrown."—"The duty of knowing one's self becomes more imperative as the individual self begins to emerge."—"Our general attitude toward life and our attitude toward sexuality cannot be separated."

Most parents and guides of children will want this book on their shelves.

NEWELL W. EDSON.

**WHOLESOME MARRIAGE.** By Ernest R. Groves and Gladys Hoagland Groves. New York: Houghton Mifflin Company, 1927. 239 p. \$2.00.

This book, written "for those who, recently married or about to be married, seek information that will make the pathway to continued happiness clearer," deals "almost exclusively with the personal and social aspects of marriage as contrasted with those that are physical." The first two chapters are concerned with common sense considerations of what constitutes happy marriage and the mental obstacles to happiness, and the other chapters consider the adjustments necessary for success in such factors as courtship, the honeymoon, the right start, the family pocketbook, relatives, rearing the child, family friction and pitfalls, and a program for going on together. Out of their rich experience as friendly counselors in matrimonial and family problems, the authors show the effect of the intimate experiences of marriage in shaping character, as well as the constant need of, and some practical ways of attaining, mate cooperation.

In view of the many statements made by other authors about the importance of the physical aspects of sex, we are inclined to challenge a bit the statement of this book that "in marriage there may be difficulties of adjustment that center about sex, but sex problems will usually be found secondary, the product of social maladjustment in other relationships than sex itself. Sex problems that are actually physical are much less common in marriage than is usually supposed." Aside from uncertainty as to what "is usually supposed," we wish this rather categorical statement were more fully expanded. But perhaps it is no more sweeping than the frequent assertions by others that sex is one of the two driving forces in human life or is the most imperious urge in human conduct.

Apparently it is not possible thus to disregard the physical sex factor, since it crops up in several places in the book. But there is distinct need to have it treated more fully by some writer as one of the many factors of married life, not underestimated or overemphasized, but interwoven in the maze of normal marital experiences and influencing them now little, now much. We regret that these poised authors didn't undertake the task, though the book is much simpler without it.

There are other points we should like to have developed further, especially that concerning the significance of the present expectation

of happiness through marriage. Also the book omits several things we wish were included, notably the emotional element in courtship and its guidance. Then too, we would like to see less about the child's education, which rightly belongs in another book, and more about the effect of child rearing upon the mates and upon their relationships. But after all, those long married can't hope to crowd into one small book all the experience, including the cautions and emphases, they would like to pass on to the younger generation. Even if that could be done, probably the young people sweeping on to life's great adventure wouldn't stop to read it anyway!

And this is a very readable book. Moreover it is replete with common sense, especially about such things as honeymoon travel and finances. It should prove of considerable help to those who want to make of marriage a happy and lasting partnership.

NEWELL W. EDSON.

PSYCHOLOGICAL CARE OF INFANT AND CHILD. By John B. Watson.  
New York: W. W. Norton & Co., Inc., 1928. 195 p. \$2.00.

This book is the product of a long cherished hope of the author to write a book on psychological care of the infant, to parallel, in a sense, what Dr. Holt had written about "The Care and Feeding of Children" from a psychological point of view.

It opens with a bang, being "dedicated to the first mother who brings up a happy child."

This is surely an arresting epigram. But has the author his tongue in his cheek? One may be at once serious and impudent. Is the author either or both? Early in his introductory chapter he says: "It is a serious question in my mind whether there should be individual homes for children—or even whether children should know their own parents." And a page later: "The home we have with us—inevitably and inexorably with us. Even though it is proven unsuccessful, we shall always have it. The behaviorist has to accept the home and make the best of it." As Carlyle in another connection, one can almost hear a host of parents saying—"Gad, he'd better!" Yet Watson is really serious. Child-rearing, he asserts, is "the most important of all social obligations." When, however, he goes on to say that "No mother has a right to have a child who cannot give it a room to itself for the first two years of infancy," New Yorkers especially are not likely to take seriously an ultimatum



aimed in so deadly a fashion at their hopes of parenthood. It is one thing to bombard complacency and another to convince it of the righteousness of a cause. It may be too much to expect a larger measure of success in the present instance than the author achieved when, in the opening lines of an earlier book, he denied consciousness a place in psychological science.

Appreciative readers, however, he will not lack. And to these I recommend, especially, Chapter VI. How the behaviorist studies infants and children; the fears of children and how to control them; the dangers of too much mother love; rage and temper tantrums and how to control them; night and daytime care of the child—these are the subjects of the first five chapters all of which will repay attention, even though they display for the most part, familiar wares.

Chapter VI will appeal especially to readers of this JOURNAL, embodying as it does, a real contribution to the solution of a problem sprung of paternal prudery out of ignorance. In it Watson gives the question "What shall I tell my child about sex?", brief but thoughtful consideration. Especially needful, however, in the present state of our experience in these matters, is evidence—which makes me recommend especially that portion of the chapter that tells, in her own words, how one wise and candid mother guided the sex education of her small son between the ages of two and five.

The concluding paragraphs in this chapter advocate sex instruction in colleges. "Until the colleges can put this form of instruction in safer hands, we parents must continue to teach our children about love and marriage. But isn't it advisable for all of us to increase our own knowledge by first divesting ourselves of our own prudery and then studying the subject as we should any other scientific problem?"

Finally, in Chapter VII, "the behaviorist hastens to admit that he has no 'ideals' for bringing up children. He does not know how the ideal child should be brought up. . . .

"As a matter of fact there are as many ways of bringing up the child as there are civilizations. . . .

"We must face the fact that standards of training are changing—as our civilization is changing under our very eyes at a far more rapid rate than it has ever changed in the past. . . .

"We have tried to sketch in the foregoing chapter a child as free as possible of sensitivities to people and one who, almost from birth, is relatively independent of the family situation. . . .

"Above all, we have tried to create a problem-solving child. We believe that a problem-solving technique (which can be trained), plus boundless absorption in activity (which can be trained) are behavioristic factors which have worked in many civilizations of the past, and which, as far as we can judge, will work equally well in most types of civilizations that are likely to confront us in the future."

HARRY B. TORREY, M.D.

SOZIALE BEDEUTUNG BEKÄMPFUNG, STATISTIK DER GESCHLECHTS-KRANKHEITEN. By H. Haustein. Berlin, Germany: Julius Springer. 287 p.\*

Workers in social hygiene and preventive medicine have for long been urgently in want of a comprehensive world survey of the incidence of venereal diseases in different populations and at different periods of time. The collection of such statistics, however, is a most arduous undertaking, and their correct interpretation in the light of obvious defects and deficiencies is a most exacting task, for which few are qualified. The first ambitious effort in this direction is the recently issued volume on Statistics of Sexual Diseases, which makes the twenty-second instalment of a monumental handbook on Skin and Sexual Diseases published by Julius Springer under the editorial direction of Von J. Jadassohn. The author of the present volume, Statistics of Sexual Diseases, is Dr. Hans Haustein, a well known and highly regarded German authority on the subject. The result of his labors, in a volume of more than one thousand pages, contains an immense wealth of statistical information amplified by diagrams and charts covering practically the entire world. Unfortunately the book is difficult to read on the part of those who have not a thorough knowledge of German, although this is less difficult with regard to the tables, which are fairly well standardized and more easily interpreted. The enormous evidence is not summarized, nor is there index or table of contents, but to those who have the patience, the volume provides a mine of extremely useful information.

The discussion is introduced with an extended observation on the general accuracy of venereal disease statistics and the importance which should be attached to stillbirths and abortions. The section of mortality statistics discusses death certification and the inherent difficulties of accuracy and completeness. The German system in

\* This review is based on the reviewer's article "A World Survey of Venereal Disease," *The Survey*, May 15, 1928.

this respect is probably more satisfactory than our own. The point is emphasized that "Syphilis is one of the most important causative factors in stillbirths and interrupted pregnancies." It would be utterly impossible to review the statistical evidence in support of this contention, which, however, is indisputable. Most of the statistical tables cover a period of from five to twenty years and, as a rule, are fairly well down to date or at least as far as 1925. The wide variation in the incidence of infants dying of syphilis in the different cities of Germany is pointed out, and the large incidence of syphilitic children among illegitimates. In Berlin, for example, for 1926 the proportion of infants dying from syphilis per 1,000 live births was 3.5 for legitimates and 11.7 for illegitimates. The figures for England and Wales show a decline in the proportion of children dying from syphilis per 1,000 births from 1.24 in 1900 to 0.82 in 1925. For Ireland, the figure was 0.19 for 1924, and for Scotland for 1925 it was 0.61. But for northern Ireland for 1925 the proportion was 0.6.

The question as to whether syphilis is increasing in different parts of the world is stated in a very confusing form, but the general indications would seem to point towards a decline. Dr. Haustein on some occasions makes use of insurance experience, particularly in Finland, which is quite illuminating. Thus he points out the average duration of life in persons known to be syphilitic who have attained to an average age of 46.7 years was 12.9 years subsequent to the affection. He includes some exceedingly interesting data for the Gothaer Insurance Company covering the long period 1852-1895, clearly emphasizing the higher mortality of syphilitics, chiefly from aneurysm, locomotor ataxia, and so on. There is included a calculation for Paris, according to which out of 17,395 deaths from all causes, 7,814 were traceable to syphilis. On the basis of Paris statistics for 1910, he arrives at the conclusion that while only 111 cases of deaths from syphilis were officially certified, the actual number of deaths traceable to syphilis was 3,414, or 7 per cent. All of this, of course, is largely based on scientific conjecture. Examining statistics for the United States, he arrives at the conclusion that syphilis instead of holding tenth place among deaths from infectious diseases should be given the first place, and he accepts the statistics of the American Social Hygiene Association,† according to which deaths from loco-

† These statistics never were released for publication but were assembled by the Association and sent to authorities for comment and criticism.

motor ataxia, progressive paralysis of the insane, congenital deficiencies, scleroma and ectopia should all be attributed to syphilis, while in cases of organic diseases of the heart and angina pectoris, he would attribute 50 per cent, and in the case of the disease of the arteries, aneurysm, cerebral hemorrhage, apoplexy, and brain weakness 40 per cent to syphilis. This, of course, is all partly a matter of conjecture and must be accepted with reserve.

The third section of the work is concerned with morbidity statistics previous to 1900, followed by an extended section on venereal diseases in Germany since 1900. A special effort was made in 1913 in Germany to collect statistics for thirty-seven large cities with a total population of about thirteen million. Of this population 73,200, or 5.5 per 1,000 of population, received medical attention on account of sexual diseases. The frequency rate for all forms of venereal diseases varied from 8.7 for Leipsic to 1.8 for Elberfeld. For 45,736 patients, additional information was obtained regarding conjugal relations, sex and method of treatment. The proportion of single persons was 67.7 per cent and of married persons 32.3 per cent. Of the men, 69.6 per cent were single, and of the women 62.5 per cent. Of the 73,218 patients, 54 per cent suffered from gonorrhea, 45 per cent from syphilis. These proportions do not vary materially for the different methods of treatment as to whether in private practice or in public institutions. Special information is given for 31,576 cases of syphilis, of which 8,923 were primary syphilis, 21,099 cases were recurrent and 1,554 congenital. Similar information is given for a number of European cities, which for its correct interpretation would require extended and detailed study. There appears to have been no serious difficulty in obtaining reasonably accurate and complete information.

In 1919 an extended study was made of venereal diseases in the whole of Germany based upon a questionnaire sent to practicing physicians throughout the country. There were 44,035 cases of acute gonorrhea; 19,677 cases of chronic gonorrhea; 63,712 cases of gonorrhea not otherwise classified; 6,159 cases of soft chancre; 2,209 cases of congenital syphilis; 26,118 cases of primary syphilis; 32,648 cases of recurrent syphilis; and 5,482 cases of complicated sexual diseases due to different affections. Of the 32,648 cases of chronic syphilis, 2,839 were cases of locomotor ataxia, 2,287 of general paralysis, and 608 cases of aortic aneurysm. In the aggregate, there-

fore, the German inquiry of 1919 revealed 136,222 cases of venereal diseases equivalent to a rate of 2.2 per 1,000 of population, or respectively 3.1 per 1,000 for males and 1.5 per 1,000 females. The questionnaire covered 53.5 per cent of all practicing physicians and 64.8 per cent of all the public institutions, a limitation which must not be overlooked.

The volume includes morbidity statistics for a large number of European countries, with particular reference to Scandinavia and Russia. Conditions in the United States are dealt with on the basis of state statistics following the law of June 9, 1918, which made such diseases reportable and provided for tabulation of the records by the United States Public Health Service. A local survey for Detroit is also included. Canadian provinces, Newfoundland and Australia receive brief attention. Of exceptional value are the results of the Swiss survey which are considered in detail.

Other chapters consider statistics in the armies and navies of different countries including American data from 1864 to 1922 and data for the Philippines for 1908-1925, and discuss briefly the venereal diseases experienced in the administration of compulsory sickness funds with particular observations on general paralysis of the insane.

The influence of seasons on the frequency of venereal diseases is considered chiefly with reference to Scandinavian data, as are some observations on the relative frequency of venereal diseases in urban and rural districts. Finally there are observations on the relation of social diseases to excess of women in particular populations, indicative of a phase of the subject which is often ignored. The work concludes with observations on the age and sex incidence of venereal affections and the distribution of such diseases according to marital conditions. As might be expected, the large majority of affections concerned the unmarried.

This work is of outstanding importance to all who are concerned with the problem of social diseases and their successful suppression by methods which have the sanction of medical science and the state. Dr. Haustein is to be congratulated on his vast industry in making so large an amount of information accessible, but it is to be hoped that if any future work of this sort is published, it will be better arranged for more convenient consultation.

FREDERICK L. HOFFMAN.

THE SPRINGS OF HUMAN ACTION. By M. K. Thomson. New York: D. Appleton & Company, 1927. 501 p. \$3.00.

Under this title Professor Thomson has undertaken to analyze, enumerate, appraise and synthesize the various conditions—external and internal—which serve to arouse or to modify conduct. He rightly holds that neither personal control nor social guidance can ever become scientific, except as we gain mastery of the facts and principles about human motivation, and equally of their application.

Rightly also, in the opinion of the reviewer, he stresses the inadequacy of the various current special theories of behavior, from the mechanistic at one extreme to the Freudian or to the metaphysical, somewhere on the other side of the sphere. Each of the special approaches to this group of problems doubtless has a value. This value is sought and conserved without partisanship. Indeed one of the outstanding merits of the author's treatment of motives is that he moves in and out among the various diverging psychologies without any effort to reconcile them but with a very discriminating eclecticism.

Recalling that "motive" means essentially that which urges, drives, pulls, moves to action or to control of action, some sense of the range of this "comprehensive" treatment can be suggested to the reader by an enumeration of some of the physical, physiological and psychological states which so operate. For example, the cosmic environmental "stimuli," organic instability ("sensitiveness"), autonomic reflexes, reflexes "proper," appetites, habits, instincts, emotions of all sorts, feelings, ideas, interests, desires, will, attitudes, purpose, "personal-expression, subordination, shame, pride, envy, rivalry, jealousy), prejudice, taste, convictions, principles, conscience—all as motives whatever else they may be. Add to these the whole group of "negative" motives which tend to inhibit action, and the states of conflict—conscious and unconscious—which may arise from inhibitions; various aspects of suggestion (auto-, hetero-, group) with the various specific trends toward imitation, obedience, sympathy, conformity, unconformity, leadership, robotism, social pressure, fashions, mores, customs, conventions, laws, institutions, and the social prejudices or tastes which arise about them; love of various kinds and degrees; values; and economic or esthetic appeals. By blending these avowedly incommensurable factors, which nevertheless do have some common denominator of influence upon behavior, one can at least get a glimpse of

what the author means when he says "Every phase of mental life is directly or indirectly significant for motivation." Every choice of action on the part of an individual implies that some sort of balance of these motives has been struck and the whole individual—at the moment—acts as a unit under the stimulus of that balance.

In its more conventional and commonplace aspect the book is a very sane summary of the native and acquired elements which may determine behavior. Since a sane balancing and use of motives are the very heart of character it is more than that. It is an outline of the avenues of research and of application of research in character education.

THOMAS W. GALLOWAY.

EVERYDAY PROBLEMS OF THE EVERYDAY CHILD. By Douglas A. Thom. New York: D. Appleton & Company, 1928. 342 p. \$2.50.

Dr. Thom has become well known for his work in "habit clinics." Readers of his shorter articles will welcome this book. One likes the normal note which rings in his title. The *unusual* person, child or adult, has received so much attention that it is hopeful to find something for the greater mass of persons who are some time in life an "everyday child."

The first chapter discusses heredity and environment. Then such topics as habits, feeding, sleep, enuresis, anger, fear, jealousy, etc., are discussed. The scope of the book is not limited to mother's problems for Dr. Thom urges father to experience the joy of companionship with his children. Unbounded pride in ownership, toil to provide food and clothing are not enough for father. Mother must not stress the complexities of the care of children so that father fears his contribution will play havoc. If the parents differ in their judgment, let it be settled in private, presenting a united front to the child.

The chapter devoted to sex will interest the social hygienist. The author feels that too much stress cannot be laid upon the importance of unfolding these vital truths in the proper way, at the proper time, and through the proper person. The source is obviously the parents, and the time can be judged best by the rapidity with which the child develops.

"Intelligence and Conduct," "Toys and Companions," "Teacher and Pupil" are topics for books, so one cannot expect to find them completely discussed in chapters.

A short bibliography is appended. One misses in it such names as Arnold Gesell, Bird Baldwin, Mary Whitley, Leta Stetter Hollingworth, Lewis Terman, Mary Moxcey, who have contributed so much in the field of child psychology. (Chapters by a few of these psychologists appear in one of the books mentioned.)

Dr. Thom's book should be read by all who meet children—parent, teacher, social worker, doctor, nurse—who does not? The material is presented in a way to appeal to parents who want specific help on specific problems.

EDITH MUHALL ACHILLES.

NEGRO PROBLEMS IN CITIES. By T. J. Woofter, Jr., Ph.D. New York: Doubleday, Doran and Company, Inc., 1928. 283 p. \$2.50.

The American Negro population has been increasing gradually in urban centers, the northern industrial centers having received the larger number of these people. There are several important factors responsible for this migration, which at first started as a class movement but soon developed into a folk movement. The agricultural situation in the South is highly unsatisfactory and the northern cities have made a definite effort to attract the Negro laborer to supply the shortage of common labor. This migration is likely to continue, affected in volume by the degree of productivity of northern industrial centers, and the restrictive laws on foreign-born labor immigration.

Not only have Negroes migrated to northern cities, but numbers of them have concentrated in southern cities. This displacement of population has given rise to a number of complex and difficult problems, involving health, housing, education, recreation, industrial employment and personal contacts. From these situations has risen the difficult problem of interracial adjustment.

Dr. Woofter in this volume presents a picture of those problems concerned with Negroes in neighborhoods, schools and recreation, and supports the statements made by himself and those associated with him in the compilation of the facts, by presenting an interesting series of graphs and statistics. There is very little effort to do more than give the actual facts, as the author does not seem to be particularly concerned with presenting opinions based on his findings. These facts should be of special interest to social workers, interracial commissions, and those confronted with the problem of public school administration.



The author does not deal with the industrial adjustment of the migrants. However, it is well to remember in reviewing the problems concerned with housing, recreation, neighborhoods and schools, that the industrial employment of Negroes enters in as an important factor. There is a serious need for the study of the economic situation in the field of industry as this relates to the Negro. Dr. Woofter's success in presenting the elements of those problems which he has chosen to present should inspire a study of this additional problem of industrial adjustment.

FRANKLIN O. NICHOLS.

PERSONAL HYGIENE FOR WOMEN. By Clelia Duel Mosher, M.D., Stanford University, California: Stanford University Press, 1927. 97 p. \$1.50.

This book serves as a fourth edition of Dr. Mosher's previously written book and presents in new and forceful language the thesis of the normalcy of the periodic function of women.

The reader is wisely referred to other books for all but the special problems of women which relate to menstruation and the so-called sex differences. Constipation, posture and foot conditions are discussed at length, as well.

The traditional monthly physical handicap of incapacity for women is relegated to the ash heap where it belongs. The causes of painful menstruation are discussed in detail and a régime outlined which in a large majority of cases gives relief. The "Mosher Exercise," originated years ago by the author, is carefully described and can wisely be included in any "daily" dozen for women, whether or not they have the painful menstruation handicap, because of its value to the general well being.

There is, however, no emphasis placed upon the need of endocrine (internal gland secretion) treatment in those cases obviously requiring it, a need which other physicians find who are working in the field of menstruation disturbances.

Women who are interested to find help for large or flabby, dependent breasts will appreciate the sensible advice given toward the possible prevention of this condition.

The book is written in non-technical language. It can be studied with advantage by every young woman and will insure her an attitude of mind toward the physical fitness of women which will

make it impossible for her ever again blindly to endure periodic menstruation pain without searching for a cause and a cure.

JOSEPHINE H. KENYON.

THURSTON'S PHILOSOPHY OF MARRIAGE. By William Robert Thurston.  
New York: Tiffany Press, 1927. 32 p. \$2.00.

The author observes that sex intercourse "for pleasure" aside from the purposes of procreation is a practice common the world over, and that "sexual intercourse during pregnancy is the rule rather than the exception." The premise of the author's argument is that these practices constitute an "unnatural marriage law." He supports his conclusions by the observation that among animals the female is sexually approachable to the male only during the breeding season and he accepts this animal analogy as the correct guide for human conduct. The author is obviously quite unaware that members of the primate order, which includes monkeys, baboons, apes and man, approach closely the practice of man in their sex life. They tend to have sex intercourse until within a few weeks or even days of parturition.

Having adopted a false premise the author finds no difficulty in attributing most of the world's great ills to this "unnatural" practice of man. It is the primary cause of race degeneracy; the fundamental factor in the passing of all the great nations of the past. From this cause he finds China to-day "a nation of degenerates; of shameless cowards," who "are today headed straight for extermination." China and India are to the author "striking examples of what inevitably happens to human beings when the genital organ of the female is placed at the disposal of the male, in exchange for bed and board."

Turning to the United States the author states that "ample evidence is available to indicate that this country, like all others, is headed straight for a repetition of the fearful conditions under which the inhabitants of China and India are now living" since this "unnatural marriage law" prevails in this country as elsewhere.

The author's remedy may be summarized as follows: Sex intercourse for procreation only, which the author accepts as the "natural law"; separate sleeping quarters for the marital partners; health certificates before marriage; marriage contract terminated at the request of either party; suitable arrangements for custodianship and care of children in case of separation.

The little book is highly irrational throughout and full of extravagant statements which have no support in scientific or sociological fact.

MAX J. EXNER, M.D.

**PUBLICITY FOR SOCIAL WORK.** By M. S. Routzahn and E. G. Routzahn. New York: Russell Sage Foundation, 1928. 410 p. \$3.00.

Publicists in the fields of social work and public health have heard rumors of this book for many years, almost (as our legalistic writers have it) "from time whereof the memory of man runneth not to the contrary." In fact it has been considered a tradition and some skeptics, who realized the many difficulties inherent in an attempt to chart a largely-unexplored field, went so far as to claim, a myth. With the actual appearance of the volume vouching for its reality, however, the two deans of social betterment propaganda can now look down from their publicity peaks and have the last laugh at those who flouted or doubted. As one who has only stood and waited, may we say that the book more than justifies the stand and the wait.

Needed social and health reforms require public support and practice if they are to be effectual. Publicity aimed toward securing these benefits is, perhaps, the most difficult kind of advertising to prepare and promote, inasmuch as it usually runs counter to age-old customs and habits and is handicapped not merely by public inertia but, oftentimes, by actual hostility. To note, therefore, the progress made even in so comparatively brief a period as the past ten years, is to be both impressed and gratified. This is particularly true from a social hygiene standpoint and the authors refer to many examples of the publicity carried on by the American Social Hygiene Association, the Division of Venereal Diseases of the United States Public Health Service, and state and local social hygiene agencies.

Although still far from an exact science, the field of social and health publicity now has many usages and techniques of standing and value, most of which are outlined and commented on in the volume under consideration. Care has been taken to avoid both the condescending glibness of "writing down" and the erudite stiffness of many technical publications. As a result the book is one which has in it so much of interest and value to all workers in public health, social work and related fields, that you will run the hazard of losing your copy if you lend it to a co-worker.

The Routzahns, from their vantage point in the Department of Surveys and Exhibits of the Russell Sage Foundation, have kept in constant touch with developments in the philosophy and practice of publicity in general and have inspired much of the advance in their chosen field. They have studied publicity programs extensively and intensively both afield and in their offices. They have tracked a county health program to its lair and have bearded the mightiest of our advertising lions in their dens. They outline what to do and what to avoid and give cogent reasons for their suggestions and directions. Whether you depend on the spoken word, the printed word, or both to get your message across, you will find help in this book. Its message in brief is "What to use and how to use it."

RAY H. EVERETT.

OUTLINES IN HEALTH EDUCATION FOR WOMEN. By Gertrude Bilhuber, D.P.H., and Idabelle Post, B.S. New York: A. S. Barnes & Company, 1927. 192 p. \$2.00.

Outlines in Health Education for Women has been written with the idea of teaching women students healthy living from a practical and personal point of view, as well as teaching community health and disease prevention from a more objective angle. It lays fine stress on the importance of good health to the student both as an asset to herself and as a social responsibility.

The book is arranged as a series of lessons for teacher and student, giving a wealth of material in chart and outline form, appending to each chapter a good list of references, and giving many suggestions for class discussion. It is as the authors say a source book of information rather than a text book. Those subjects are wisely stressed which are of practical importance to college students—or to any group of women using the book. An entire chapter is devoted to the common cold, emphasizing its importance in a way seldom done. Another chapter is on sunlight and health, another excellent section on the hygiene of menstruation. The chapter on poisons taken into the body—including tea, coffee, tobacco, patent medicines—is very sane and well given. The titles of other chapters—"Posture and Feet," "The Health Examination," "Mental Hygiene and the College Student," "Prevention and Control of Disease"—give some idea of the subject matter studied. In general, those things are emphasized which make for good health and for the appreciation of good health;

and the impression left after reading the book is that its healthy attitude will be of great benefit to those who read it.

From a medical standpoint, however, there are numerous statements which are either inaccurate or only partially correct, and which prejudice one against the very good qualities of the book. In the classification of cancer into carcinoma and sarcoma, for instance, carcinoma is described this way: "Found chiefly among persons of advanced age. Found on exposed parts of the body, and in people who have followed out-door occupations. Superficial type. Slow growing and only locally malignant." The stomach and uterus are two very common sites for carcinoma, neither of which is covered by the description just given. It is hardly necessary for students to go into the differentiation of carcinoma and sarcoma, but if desired, it can be done simply and correctly. Again, the statement is made that "Ovarian medicine causes flow." That is borne out only in rare instances clinically; very many times ovarian medicine has no effect on the flow at all. Under the heading, "Abnormalities of the menstrual function—intermenstrual flow," various functional causes, as overfatigue and emotional shock are mentioned, but nothing is said of the one most important cause of intermenstrual bleeding, namely, new growths—tumors and cancers. The authors have missed the great opportunity here of teaching that when intermenstrual bleeding occurs, it may be the first sign of a tumor or cancer of the uterus. Knowledge of this fact means the saving of life by early treatment. There are various misstatements under venereal disease. For instance, kidney disease is given as one of the results of gonorrhea; probably cystitis (infection of the bladder) is meant. The two are quite different. In another edition some of these things could easily be corrected, as could also such mistakes as calling morbidity figures the mortality rates (p. 121); on page 14 the statement, "Seven-eighths of all deaths are caused by disease," is followed by the sentence, "Disease causes 92 per cent of deaths." This is disconcerting to the reader.

In spite of these mistakes and others not mentioned, the general tone of the book is too good not to be praised. If it were made correct from a medical standpoint, it could be very highly recommended indeed. Such a book is tremendously needed, yet in its present state it is far from ideal. This book is too good not to be much better.

MARGARET TYLER, M.D.

THE FINE ART OF LIVING TOGETHER. By A. W. Beavan, D.D. New York: Doran, 1927. 176 p. \$1.50.

The foreword of this attractively named book states that it is based on twelve years of the author's pulpit experience in giving a series of "Fireside Sermons," and that it is presented in the hope of stimulating the ministry and of being helpful to home makers. The chapter titles are intriguing—"Early friendships and crippled homes," "Real love is a key," "Courtship—a joke or a sacrament?" "Will he qualify as a husband?" "On how much can we marry?" etc. So the reviewer browsed in the book most hopefully. But he was soon disappointed, for this latest contribution to youth eager to face the realities of life is cautious and sedate, with little analysis and less of the concrete. The chapter on real love contains little to help a puzzled girl determine whether or not she is really in love. The chapter on courtship leaves one also wishing more had been said about this much neglected and vitally important period. The chapters on standards for mate choice are equally meager. In fact, this meagerness is characteristic of the whole book. So much needs to be said and youth is so hungry for adult wisdom and experience upon the excellent topics the book deals with—"Little foxes that spoil the vines," "The problem of the in-laws," "The romance of parenthood," "Can love die?" At times there are flashes of insight that make one wish for more of the same kind, but on the whole the reviewer finds this book rather disappointing.

NEWELL W. EDSON.

THE CHILD AND SOCIETY. By Phyllis Mary Blanchard. New York: Longmans, Green & Company, 1928. 380 p. \$2.25. (Longmans' Social Science Series.)

"The Child and Society, an introduction to the social psychology of the child" by Phyllis Blanchard, is all that the title implies. Direct contacts with children in public and private schools, and child guidance clinics have been supplemented by academic studies, and the author has presented her material in an impartial way. The book is divided in two main parts—I. The Child and the Socializing Process; II. Failures in Socialization—with an appendix containing topics for discussion and a very complete bibliography, with a glossary which is helpful to the lay reader, but to a scientific student seems hardly necessary. It is primarily a textbook, and

although a technical piece of work, it should prove of value to all social workers and the conscientious parent.

The subject matter is the child—from birth to adolescence—in all phases of its emotional responses, their modifications, and socialization in relation to the family, school, play, religion, reading and even movies. From the mental and social hygiene viewpoint, this author brings out once more what all workers have come to realize, that early guidance and a broad sympathetic understanding of the emotional and environmental situation is of great hygienic value.

MARGARET M'C. HISCOCK.

MAN'S QUEST FOR SOCIAL GUIDANCE. By Howard W. Odum. New York: Henry Holt and Company, 1927. 643 p. \$4.50.

This volume evidences a magnificent piece of work done by Howard W. Odum, Kenan Professor of Sociology and Director of the Institute for Research in Social Science, University of North Carolina. Not only is the book organized and the material presented in a thoroughly scholarly manner but also the style from a literary point of view is unusually good. The book has been written to meet the demands for a full college course in social problems or a course for the student of social sciences. It would serve also, as the author intended that it should, most admirably for an orientation course for college men and women and, as Odum says, "for the increasingly large number of mature folks eagerly interested in bridging the distance between yesterday and today." The book covers all of our present-day social problems in a highly intelligent and suggestive manner with a fine comprehension of the backgrounds of these problems and of their interrelationship. Its bibliographies are excellent, both in choice and completeness; and the suggestions for further study at the end of each chapter are admirably worded under these headings: For Information; For Stimulating Thought; For Research and Creative Writing; For Practical Application; For Continuity of Effort; For Effective Reading. The book may be used for a course of any desired degree of extensiveness and intensiveness of study. We are happy to commend this volume unqualifiedly for the purposes mentioned.

ELWOOD STREET.

L'ENFANCE DELINQUANTE ET MORALEMENT ABANDONNEE. By Pierre Nisot. Brussels: P. Dykmans. n.d. 406 p. 40 fr.

This volume, the first of a series of studies of Dr. Nisot, is written

in French. The work is concerned with presenting and comparing the essential characteristics of juvenile courts throughout the world. The volume should be of value not only to French students interested in the social sciences and juvenile delinquency but also to those of other nationalities.

The volume is the more valuable in indicating the increase in juvenile legislation and court interest in the juvenile who becomes maladjusted.

FRANKLIN O. NICHOLS.

**HEALTH AND WEALTH.** By Louis I. Dublin, Ph.D. New York: Harper and Brothers, 1928. 361 p. \$3.00.

The results of many years' study of the economics of world health have been assembled in this interesting volume of fifteen chapters. That human capital is our nation's greatest asset has long been realized by public health workers. This book emphasizes how community welfare may be served by increasing health facilities. Impressive data are presented to show the losses through sickness and death, and the measures which have been developed to prevent unnecessary sickness and premature deaths. This information is presented in a manner to interest the general public as well as persons engaged in public health work. It should also prove exceedingly valuable to social workers, insurance men and physicians.

The subjects cover a wide range, all of them more or less closely related to the social and economic value of human life to the community. Problems of heart disease, tuberculosis, cancer, child hygiene, birth control and the population question, prohibition, cost of medical service, the education of women for home-making, health of the worker, and the possibility of extending human life, are discussed in a clear and convincing manner.

IRA V. HISCOCK.

**A COLLEGE TEXTBOOK OF HYGIENE.** By Dean Franklin Smiley and Adrian Gordon Gould. New York: The Macmillan Company, 1928. 333 p. \$2.00.

Health education is demanding recognition in the curricula of colleges and universities. The student of today will tomorrow be confronted with important and perplexing questions involving his health and that of his children. Health fads can become ruinous and silly among a people unequipped to discriminate, as reflected, for example,



in the present price of raw liver. His opinions will also have weight in settling problems of public health: Should vaccination be compulsory? Should health departments be expanded or curtailed? Will birth control menace the state? Is the red light district a necessity? Without a sound basic knowledge of hygiene, he is not competent to judge and his value as a leader of public opinion is lost.

Doctors Smiley and Gould, drawing upon their rich experience as health teachers and leaders at Cornell University, have written "A College Textbook on Hygiene." It meets the need for a compact, comprehensive textbook in hygiene for college students. Basic principles are so presented as to encourage the student to think for himself, and are vitalized by specific and practical applications. The subject matter is arranged in sections corresponding in general to the various systems of the body. Section X, consisting of an introduction and four chapters, deals with the genital system. The biology, anatomy, physiology and hygiene of sex are very clearly and interestingly described. One chapter discusses the venereal diseases, while another on "The Sex Instinct and Its Hygiene" is perhaps the most valuable in the book, particularly for college students. Some of the illustrations do not measure up in workmanship to the high quality of the text, among them being several diagrams which are ingenious but puzzling except to the experienced epidemiologist.

H. E. KLEINSCHMIDT, M.D.

WHAT YOU SHOULD KNOW ABOUT HEALTH AND DISEASE. By Howard W. Haggard. New York: Harper and Brothers, 1928. 538 p. \$5.00 (regular edition). \$4.00 (school edition).

"What You Should Know About Health and Disease," by Howard W. Haggard of Yale University, is another excellent textbook. It is, in effect, a concentrated, simplified course in anatomy, physiology, general medicine and hygiene. It is intended particularly for three classes of readers: employers and engineers in charge of labor, college students, and the educated public. The style is terse, the arrangement of ideas is consecutive and the illustrations are clean-cut and apt.

The subject matter is arranged according to organic systems: digestive, circulatory, respiratory, etc. The chapter on reproduction and the organs of sex is exceedingly well written. The description is straightforward and scientific, and well adapted for the college student. If any criticism could be lodged against it, it might be that

the discussion is all too brief and compact, though such subjects as multiple pregnancy, monsters, superfetation and contracted pelvis are treated with more elaboration than seems necessary. No mention is made in this chapter of venereal diseases. These are described very briefly and quite apart from the hygiene of sex. "Only as the matter (of venereal disease prevention) has come to be viewed as a public health problem and one to be treated apart from moral implications like any other public health question has real progress been made," says the author.

H. E. KLEINSCHMIDT, M.D.

## PRESENT DAY CHARLATANISM IN THE VENEREAL DISEASE FIELD

WALTER M. BRUNET, M.D., AND SAMUEL M. AUERBACH

*American Social Hygiene Association*

Up to and including the first ten or fifteen years of the twentieth century the venereal disease charlatan flourished in the United States, largely because of the comparative lack of attention paid to the diagnosis and treatment of syphilis and gonorrhea both by the medical profession and the various agencies of public health. Newspaper and magazine advertising were the two main sources of customers and many thousands of dollars were paid yearly by the so-called "specialists in venereal diseases" for space in which to describe their treatment. The exploitation of credulous sufferers was carried on extensively in virtually every city and the field was a most lucrative one for the nonscrupulous and nonethical quack.

Today this situation has changed greatly for the better and we may ascribe this improvement to three causes, namely, the better education of the practicing physician both regarding the diagnosis and treatment of these diseases and their importance as menaces to public health; the increased efforts of official and voluntary health agencies; and the passage of laws prohibiting the advertising of venereal disease diagnosis and treatment. There still remain, however, in many of our large cities enough of these charlatans to make a problem of sufficient importance to merit the attention of those interested in public health.

The charlatan of today relies largely on advertisements in a number of the foreign language newspapers, as it has been found through studies carried on in many cities that newspapers published in the English language contain few, if any, advertisements of these "medical specialists." The advertisements in the foreign language newspapers are in many cases misleading and in gross violation of the law. The English-speaking public and officials usually do not see these foreign language newspapers and are not familiar with the claims made by some of the advertisers, but the foreign-speaking groups, especially those with but little education, read and believe practically every word that is stated. They constitute, therefore, a large proportion of the clientele of the advertising quack and are subject to outrageous exploitation.

Statutes in many of our states provide for the registration and supervision not only of regular practicing physicians and surgeons, but also of persons desiring to practice any limited branches of medicine or surgery, including such classifications as chiropractic, naprapathy, spondylo-therapy, mechano-therapy, neuropathy, electro-therapy, hydro-therapy, suggestive-therapy, psycho-therapy, magnetic healing, chiropody, Swedish movement, massage, et cetera. These so-called limited branches of medicine and surgery are specifically prohibited by law from treating infectious, contagious or venereal diseases and from the prescribing and administering of drugs or the performance of major surgery. These limited practitioners may be granted certificates in some states authorizing them to practice their specific branches but refusing them the right to use the titles "Doctor," "Dr.," "M.D.," "Physician," or "Surgeon."

Provisions are also made in some statutes authorizing the official medical board to refuse certificates or to revoke the certificate of practice of medicine or surgery or any of its limited branches for certain specified reasons, including such offenses as "employing of cappers, solicitors or drummers for the purpose of securing patients," or advertising of medical practice "in extravagantly worded statements or in statements having a tendency to deceive or defraud the public, or where specific mention is made in the advertisement of tuberculosis, consumption, cancer, or venereal diseases, or diseases of the genito-urinary organs, et cerera," or "having professional connection with or lending one's name to an illegal practice of medicine."

There seem to be in most of our cities and states adequate laws and ordinances to deal with the advertising "medical specialists," and other quacks, but lack of personnel in the city and state health departments often hinders the enforcement of these laws.

To quote all the advertisements and statements made in the foreign language press by advertising quacks would be impossible, but a few samples will illustrate the problem. There appeared in one of the foreign language newspapers an advertisement of which the following is a translation:

"Q-1, PSYCHOLOGIST  
East Blank Street

(A picture of a hypnotist and medium is shown in this space.)

"I CURE ALL CHRONIC DISEASES

"Do you seek and want to know your fortune?

"Do you want to see miracles?

"Do you have peace in the family? Do you want to conquer the lost love of your sweetheart? Of your husband? Of your wife? Do you want to bind the person you love?

"Well, come to me and I will make your desires come true, in love as well as in scorn. I know the methods to force the return of a lost love or husband.

"ONLY I CAN HELP YOU—in good or evil. I reveal your fortune, I cancel sentences of death, witchcraft, evil eye and obstacles of all kinds. TO PROVE IS TO BELIEVE.

"If you are far away, write to me and I will attend to the matter at once. I am a graduate.

"DO YOU FEEL SICK? DO YOU WANT TO FIND OUT AND BE SURE ABOUT YOUR DISEASE? It makes no difference if your ailment is chronic. I will surely free you from it, because I AM A SPECIALIST OF ALL CHRONIC DISEASES and your improvement and cure will be immediate without medicine, without pain and without an operation. I RESTORE THE HEARING TO THE DEAF AND THE SIGHT TO THE BLIND.

"This miraculous specialist attracts a large clientele because the diseases declared incurable by other doctors have been cured through a scientific new invention. If you are interested, you can see for yourself proven miracles.

"IF I DO NOT CURE YOU, YOU ARE NOT OBLIGED TO PAY FOR MY SERVICES.

"When you write, tell me the month and the year of your birth. Enclose a stamped, self-addressed envelope every time you write.

"BRING THIS ADVERTISEMENT WITH YOU WHEN YOU COME AND YOU WILL RECEIVE A FREE EXAMINATION AND CONSULTATION.

"Come at once. You will be treated with the greatest of secrecy. Italian spoken.

"If you do not need my services, pass this advertisement to one of your friends. COME PERSONALLY. I AM AN ITALIAN. GIVE THIS TO A FRIEND."

Signed ——— BLANK HEALTH INSTITUTE.

To this so-called "psychologist," Q-1, a letter was sent, under an assumed name from ———, in which he was informed that the writer was suffering from syphilis and he was asked whether and under what conditions a cure could be effected. A few days later, two letters were received from the home office of Q-1-B, a so-called "specialist," in ———. One of these letters, which was not signed but contained a typewritten name, stated that this "specialist" could surely cure the ailment from which the writer was suffering "as it's child's play for me to make the sickness that tortures your body disappear." Propositions were made to the writer by this "quack," Q-1-B, (1) that \$100 be sent to him for transportation and other expenses, so that he might come to ——— and that (2) if this was not possible, the writer should go to ——— for treatment, and (3) if this could not be done the writer could be cured by correspondence. All the information the "quack" asked in this letter to diagnose the case was, (a) the date and place of the writer's birth, (b) whether the letter was in the writer's own handwriting.

The second letter from the "specialist," Q-1-B, contained a business card of this "doctor," stating that he was a graduate of the University of ———, was a "specialist" in every kind of chronic disease, would provide immediate and sure cures without pain or operation, and that he especially desired those cases that have been declared incurable by other physicians. A second card contained on the outside pages an advertisement of a School of Magnetic Hypnotism, Q-1-C, where resident and correspondent courses on the subject were given by this school and diplomas furnished gratis, and stated that from \$200 to \$400 a week could be earned after taking from four to five lessons of this course. On the inside of this card there appeared the same reading matter as in the advertisement of the newspaper mentioned above, except the name which was not given.

The address on the advertisement of Q-1 was different from the address given of the school, Q-1-C, or the office of Q-1-B, the "specialist."

The state board of health knew about the work of this "specialist,"

but a state health inspector gave as the reasons for taking no action against this pseudo doctor a lack of personnel, and the reluctance and fear of Italian witnesses to testify against one of their own nationality.

Q-1 is not listed in the telephone directory of ———, nor is there a record that he was admitted to practice medicine in any of its branches in the state of ———. Q-1-B is also not licensed to practice in ———, and according to the health department was twice convicted for practicing medicine illegally. The health department had no record of the school of hypnotism conducted by Q-1-B.

Another so-called "specialist," who is also said to be treating venereal disease cases has a machine that has "astonished the scientific world by making a five week old child walk" and "cures all human ailments." This man holds a chiropractic license from the state of ———. The absurdity of his claims is evident in the following translated advertisement of this man's "magic equipment."

**"DOCTOR Q-2**

Blank City, ———

"All is possible with the latest invention of the miraculous machine Q-2-A.

**"SPECIALIST IN CHIROPRACTIC AND ELECTROTHERAPIA.**

"I am equipped with an electric machine of the latest invention which has astonished the scientific world by making a five week old baby walk and by the immediate results obtained in the cure of human ailments.

"It was possible for the baby to walk because this machine has strengthened the body and has cured the disease. Sickness is caused by the general weakening of one of the organs of the body and in order to effect a cure it is necessary to strengthen the affected organ, and this machine does that.

"By the use of this machine I have restored the health of persons suffering from acute, chronic and incurable diseases and it was believed that a miracle was performed.

"If you are suffering from an acute, chronic or incurable disease, call or come to my office.

Telephone ———

Office Hours ———"

The following is an illustration of another "specialist," who is listed as a registered physician and surgeon and who advertises in direct violation of his state's Medical Practice Act, which covers the revocation or suspension of licenses for mentioning syphilis and other infectious diseases in advertisements. The following appeared in several foreign language newspapers:

### “SICK PEOPLE

“Are invited to call at the office of Dr. Q-3 for free consultation on the diseases they are afflicted with. Dr. Q-3, the famous specialist has an experience of 45 years in the successful practice of medicine. He uses the latest European methods and remedies and obtains marvelous results in the treatment of all diseases of the blood, of the nerves, stomach, intestines, of the skin, and any disease of this kind. Through X-Ray examinations and other methods, all without pain, there is no possibility in making an error in recognizing your disease. Blood, urine, and other secretions are examined. If your ailment is incurable, you will be informed without delay and you will be advised what should be done. Learn what your real physical condition is and do not neglect yourself, because in our day all diseases are curable.

“IF YOU ARE AFFLICTED WITH SYPHILIS OR OTHER CONTAGIOUS BLOOD DISEASES, YOU OWE IT TO YOURSELF AND SOCIETY TO GO AT ONCE TO DR. Q-3 WHO WILL SURELY CURE YOU.

“Dr. Q-3 has other special remedies for glands. Strict confidence and low rates are guaranteed to everyone.”

The following translation of an advertisement which appeared in some of the Italian, German, Hungarian and other foreign language newspapers is that of a duly registered physician and surgeon who uses a display advertisement of the old-fashioned traveling physician of the “here today and gone tomorrow” type. This physician, although stating that he was in ——— (city) to stay “only eight days,” has a permanent elaborate office at the address given in the advertisement. Although information received indicated that the physician was specializing in venereal disease cases, he, when interviewed, stated that during the past year he had not treated a single reportable case.

This advertisement translated into English reads about as follows:

“COME TO ———

(Picture of a man.)

“DR. Q-4

at 412 ——— Bldg.

formerly with Q-4-A Private Sanatorium, will be in ———(city)

from ——— to ——— ONLY 8 DAYS.

“Dr. Q-4 cures all chronic diseases and all deformities of men, women and children.

“EVERY KIND OF DISEASE OF MEN, WOMEN AND CHILDREN CURED.

“Special attention given to catarrh and stomach diseases. If you have catarrhal disturbances have yourself examined. Every sick person should profit by this opportunity offered. Come quickly; don't lose any time. If your case

can be cured, the doctor will tell you so frankly. If your case is incurable, he will give you the right advice. No sick man or woman should neglect to take advantage of this and to consult this specialist.

"If you are afflicted with rheumatism, nervousness, hydropsia, swelling of hands or feet, liver trouble, heart trouble, nervous weakness, general weakness, paleness, epilepsy, dyspepsia, indigestion, constipation, stomach and intestinal disturbances, go and consult this physician.

"Eruption of the skin, diseases of the blood, diseases of the skin and body, piles and rupture are successfully cured.

#### " LADIES

"Who suffer from headaches, melancholia, spinal disturbances and special diseases, if they do not feel well and suffer from irregularities, or if they suffer from weakness or special diseases of women, consult this specialist.

"Disturbances of the ovaries are cured without necessity of an operation. If anyone has advised you to submit to an operation of the ovaries or of the uterus, for rupture or piles, do not submit to the operating knife, which may endanger your entire existence, but first come to me and consult a specialist.

#### "OLD AND YOUNG MEN

"No matter what your disturbances may be or how long you have suffered from them, if your health and your happiness is in danger, come to me and consult a specialist.

"It makes no difference what your disease, nor what discouraging reports you have received from other parties, no matter if anyone has told you that your disease is incurable, come and consult an eminent physician, even though there may only be a small hope for your cure. You will be given hope and treatment that will bring you back to health, satisfaction and happiness.

"Special attention given to microscopic and chemical examination of the urine, of the blood, of the sputum, and to patients suffering from nervous and spiritual ailments.

"Address all communications to

"DR. Q-4

Office Hours ———

During the month of November, a certain head (Q-6) of a so-called Q-6-A Cell Serum Laboratory was arrested in a city where he was operating, charged with manslaughter and practicing medicine without a license. At this so-called laboratory or institute, various injections were given to patients for all kinds of diseases. Prior to his arrest this unlicensed practitioner gave overdoses of injections to certain patients which caused the death of three persons, apparently from mercurial poisoning. It was stated that the city chemist of ——— reported mercury in the organs of one of the victims in amounts eighty times stronger than the therapeutic dose. Q-6 was



held on heavy bail only after this damage was done and a public scandal created. Whether the authorities could convict him on the manslaughter charge seems problematical to many, as Q-6's defense possibly would be that he was not responsible inasmuch as the serum was purchased from a certain drug manufacturer and that the same accident might have happened to any duly registered practicing physician and that he employed in the office a duly licensed physician. But, nevertheless, this man, who was not a licensed physician or surgeon, advertised not only in the foreign language newspapers but in the telephone directory as well.

Concerning this man (Q-6) the health department of a state where he had previously operated had this to say:

" \* \* \* The Health Officer of ——— (a city in that state) requested information of this Department as to whether the Q-6-B Research Laboratory had been approved or registered. He enclosed an advertisement from one of the ——— newspapers which offered a thorough and complete physical and laboratory examination of blood and secretions for only \$1.00. The advertisement stated that an examination of the blood would reveal the cause of any disorder and practically guaranteed a cure with 'blood cell serums.' The Health Officer was notified that the laboratory was neither registered nor approved, but that on ——— (date) an application for a license was received from the man, evidently not a medical graduate, who stated that he was a laboratory technician in charge of the B-—— Research Laboratory. He was informed of conditions necessary to be met in order for a laboratory to receive official approval, but apparently made no further move in this direction. The ——— (city) Department of Health made further inquiry into the methods and activities of the B-—— Research Laboratory, of which Dr. Q-6 was the head, and on ——— the State Department of Health was informed by the city Health Officer that the concern had moved to ——— (another city) and that he had notified the authorities in that city. Evidently, through the prompt and efficient action of the Health Officer, the people of his city were protected from the activities of this dangerous quack."

The following is a translation of an advertisement of this ill-fated Blood Serum Laboratory, which appeared in one of the German newspapers shortly prior to the arrest of the head of the firm:

**"A PUBLIC HEALTH SERVICE**

"Through the Q-6-A CELL SERUM LABORATORY BUILDING

"Hours: ——— Wednesdays and Saturdays ———, Sundays ———

"ALL BLOOD AND ERUPTION EXAMINATIONS FOR \$1.00.

"THE PATIENTS PAY ONLY FOR THE SERUM.

Picture of  
a nurse

"We treat successfully rheumatism, Bright's disease, asthma, anemia, inflammations of the nerves, nerve and stomach disturbances, kidney trouble, high blood pressure and other ailments which affect the blood circulation.

"Many persons come to the institute to learn the cause of their disease. In most of the cases, this can be established through an examination of the blood stream. Clean blood is the essential condition for perfect health.

"We all know that blood is equivalent to life because it contains the organic and mineral elements so essential to life. When it is clean and free from germ diseases, then the patient is more than half cured.

"The disease germs are harmless as such, but the toxin caused by them is poisonous and creates pain and suffering.

"When an infection takes place, what suffers then? THE BLOOD.

"Where is the temperature at its highest in the case of fever? IN THE BLOOD.

"If the organs do not function right, what controls them? THE BLOOD.

"When, after overwork, neglect, lack of proper nourishment or lack of movement, and because of acid, etc., the cells do not function properly, then your resistance and power become paralyzed and cause definite pains and sickness.

"The Q-6-A Cells Serum Laboratory specializes in blood diseases by making a correct diagnosis in such cases, and by treating the patient with the right kind of serum, sometimes in order to increase the red or white cells or corpuscles, sometimes to reduce them, but in each and every case to build up power and effectiveness, and to give them the respective duties required by Nature."

There are other similar "serum laboratories" in the city of ———, some run under the auspices of duly licensed physicians who advertise through the foreign language newspapers and other mediums.

Another so-called "specialist" (Q-7) occupies an entire floor in a building on one of the principal streets of his city. In addition to advertising in foreign language newspapers, which on the surface may not be misleading, it is said that he employs a number of persons who distribute his booklets, of a stock-form type published in various languages, in various parts of the city from door to door. This "specialist," like most of the others of a similar type, always says, "Examinations free," but upon visiting the office it is found that the consultation sometimes is free but examination requires a specific sum which is included in the entire treatment.

This Dr. Q-7 was formerly a practicing advertising "specialist" in ——— where officials received a number of complaints from immigrants that they were exploited by him. An investigation was made at that time which resulted in charges filed against Q-7 with

the —— State Board of Medical Registration which resulted in the revocation of Dr. Q-7's registration. He thereupon immediately went to the state of —— where he obtained a license to practice medicine and where he still is. The following is a quotation from a letter received from —— State Board of Registration in Medicine which speaks for itself:

"In reply to your inquiry concerning Dr. Q-7, will say that our records show that he appeared before this Board on a complaint of extravagant claims made in advertising himself as a medical specialist and for unwarranted charges for services rendered.

"Sufficient testimony supported this complaint and his registration was revoked for gross misconduct in the practice of his profession. One of the complaints was brought by —— of the Bureau of Immigration."

The following is a translation of one of Dr. Q-7's advertisements:

"GOOD HEALTH IS GOD'S GREATEST GIFT

"WE should at least try to keep it.

"When we are sick it is of greatest importance to receive immediate and proper medical treatment.

"The right kind of medical treatment may lengthen your life many years and make it much happier.

"Examinations free. Don't hesitate. Come now!

"Hours ——

"DR. Q-7 SPECIALIST

—— Avenue

—— City"

The Medical Statutes of —— provide for the licensing of limited medical practitioners among whom chiropractors are included. The law specifically prohibits them from treating venereal diseases. There appeared in one of the Polish dailies an advertisement of Dr. Q-8 who advertised himself as a doctor of chiropractics, etc., and who stated among other things in this advertisement that he solicited cases, especially of "private diseases of women and men," which he "cures without medicine or operation." This alleged chiropractor is said to be treating venereal disease cases. The department of health states that this man is not licensed to practice chiropractic in —— state; nevertheless he had a two column display advertisement in Polish newspapers published in —— (a city of —— state).

Not only local "specialists" advertise in their local foreign language papers, but advertisements of charlatans from other large cities who

treat by correspondence can be found in the columns of many foreign language newspapers in various parts of the country.

The following is a translation of an advertisement of Q-B Clinic, appearing in a newspaper in a distant city:

**"RADICAL CURE OF NERVOUS DISEASES.**

"Weak, nervous persons suffering from hopelessness and bad dreams, lost emission, pains in the back and breast and head, loss of hair, loss of hearing and sight, catarrh and stomach trouble, constipation, fatigue, bashfulness, trembling, palpitation of the heart, pressing of the breasts, fear, melancholy, could obtain information from 'THE FRIEND OF YOUTH.' They can also be cured thoroughly in the shortest time by our latest and newest methods of such diseases resulting from errors of youth, stricture, lost emission, phimosis, varicose veins and varicocele.

"This interesting and educating book, latest German edition, which should be read by men and women, young and old, will be sent to you on receipt of 25c in stamps.

"Q-B Clinic, ——— Street, ———."

A letter was written from ———, enclosing 25c in stamps which stated that the writer was suffering from syphilis and wanted to know what the institute could do to cure him. Subsequently, a reply was received at a ——— address, signed by the director of the Clinic, which requested that a questionnaire containing some 25 questions be answered, and that information be especially given on the syphilitic infection from which the writer was alleged to suffer. In another mail, a book entitled "Jugenfreund," (Friend of Youth), published in Washington and copyrighted in 1882, was sent, dealing in rather an alarming way with questions on venereal diseases, lost emission, youthful errors, masturbation, etc., with old undated and unsigned testimonials of satisfied patients. It contains a mixture of fact and fiction intended to scare the sick, the masturbator, night dreamer, etc.

Another out-of-town "quack" (Q-9) whose advertisements are read by foreign speaking people in ———, gives the impression in the advertisement that he is the publisher of a booklet which gives information on sex hygiene and information to young and old on married life—in short, that he is the publisher of a book on social hygiene. No mention is made in this advertisement that this "quack" conducts a medical office and treats by correspondence, although not a licensed physician. This advertisement, translated, reads as follows:

## “‘LIFE SAVER’

“This is an exceptionally interesting and instructive book to be read carefully by both sexes, young and old. It is of great importance to those who are to be married soon as well as for those who are unhappy in their married life. It deals in detail with all male and female, nervous, blood, skin, and chronic diseases; it describes the cause of poor memory—in one word, it enumerates all possible diseases and methods by which they can be cured. Many pages are devoted to epilepsy and its cure. Price 15c in stamps or 25c if book is to be sent registered.

“Published by Q-9 Company

—— Avenue

—— City.”

A letter in which 15c was enclosed, was sent to this advertiser, and a few days later a printed letter with a questionnaire was received by mail, in which Q-9-A Medical Institute, formerly of —— but now in ——, offered to diagnose the ailment and provide treatment for it. This letter conveys the impression that the Institute is a philanthropic institution, established for the purpose of opposing frauds and protecting the public against quackery. Subsequently several follow up letters were received from this so-called Institute urging the taking of treatments.

The following is a copy of the first letter:

“Office hours: 9 a.m. until 5 p.m.

Saturdays 9 a.m. until 2 p.m.

Sundays and holidays closed

Founded in 1860

For the purpose of opposing frauds  
and protecting the public  
against quackery

“DR. Q-9-A MEDICAL INSTITUTE

Removed from —— Avenue

City ——

To —— Avenue

City ——

“Telephone

——, 192—

——:

“Upon your own request we take pleasure in sending you our well-known book, ‘The Q-B-B of Hope.’

“We wish to recommend that you give this book your undivided attention. To thoroughly acquaint yourself with the message it bears will help you to ascertain where you can look for reliable medical advice and treatment.

“Our institution has striven to adhere to principles of utmost reliability in truthful, conscientious medical service and of very reasonable fees, strictly refraining from ignoble transactions at all times. It is because we have succeeded in maintaining this standard that our institute has attained for the past sixty years a reputation which has been spread throughout the entire United States and Canada by the many patients seeking our medical advice and help.

"Our treatment is not such as the unscrupulous Quack-doctors proclaim in their advertisements, but as our book explains has acquired the highest reputation. The best recommendation is the patient, who, having entrusted him or herself to our care and method of treatment has been convinced of its remarkable results and refers others to us.

"If, therefore, you should be suffering with any ailment mentioned in our book or with any other curable disease, then come to us for medical advice.

"Describe your suffering and answer conscientiously all the questions in the enclosed questionnaire. Only by giving us full information can we judge your case and give advice in a manner as complete as if you had been personally to see us. Upon receipt of the questionnaire we will give you our advice and we are sure then, if you follow the instructions strictly, you will regain your much desired health.

"The treatment advised can be followed almost always without interrupting your occupation and, if necessary, can be attended to in secret, especially when living with strangers.

"In conclusion let us advise you, however small the ailment is from which you suffer, not to neglect it, for a small ailment develops into a serious illness, and it is a well-known fact 'a stitch in time saves nine.'

"Respectfully yours,

Q-9-A Medical Institute

(Signed) Q-9"

The booklet (Q-9-B of Hope) received from this medical institute has a certain element of truth in the information furnished but much of it is untrue, misleading, and intended to scare the readers into taking treatment for venereal disease, lost manpower, seminal emissions, masturbation, etc., from the Q-9-A Medical Institute whose head, Dr. Q-9-A is not listed as a licensed practicing physician in the states of ———, ——— or ———.

The title of this booklet reads "The Q-9-B of Hope, Reliable Medical Advisor in all diseases, feeble conditions, and functional disturbances of the genital organs, with practical instructions for the RADICAL, PERFECT AND PERMANENT CURE OF THE SAME." In the preface the reader is addressed as "Fellow Countrymen." It is said to be published in six languages and in each language the readers are always "Dear Countrymen."

The booklet also contains the statement that during the past twelve months 8,154 patients were treated by correspondence, in forty-one states and territories, Canada, and four Central and South American countries. It contains also the statement that 674 *patients from the state of* ———, 882 from ——— and 936 from ——— have been treated by correspondence during this period. In the form of

an affidavit sworn to before a Notary Public but undated and not signed according to laws, it is also stated that in addition to the 8,154 patients treated by mail 980 cases were treated at the office, making a total of 9,134 patients treated in one year. Whether any of the 674 patients from ——— treated by this “quack” from ——— were reported to the competent health authorities of the state and city, as required by the ——— medical laws and regulations, is doubtful. The booklet also contains thirteen unsigned and undated statements of alleged patients who have been satisfactorily treated and cured.

In talking about gonorrhea, this pamphlet has this to say:

“Gonorrhea is produced by too frequent or prolonged intercourse or through infection. \* \* \* As a rule whites produce gonorrhea in the male and gonorrhea of the male causes whites in the female. Yet infection is not the only cause, because both diseases may issue upon hyper irritation, excessive leachery, or other passing conditions. When a man weakened by excesses, marries, and his strength is stimulated to extremes in the arms of his blooming, healthy wife, it is very possible that gonorrhea may result from this exertion. \* \* \*”

The pamphlet winds up with this notice to patients:

#### “NOTICE TO PATIENTS.

“To those patients who desire to consult the Q-9-A Medical Institution, ——— Avenue, ———, ———, we recommend the *greatest accuracy* in the statement of symptoms, the disease, the age, manner of life and occupation. Their communications will be submitted to a thorough and *conscientious examination*, and upon it the treatment will be determined, and during the treatments they may attend to their business without interruption.

“In order that the ignorant may give us a correct and *free* picture of their disease, we have put the necessary questions in another place, and these the patient should consider *accurately* and answer clearly and distinctly.

“Those who have been addicted to masturbation or excessive sexual excesses may count on positive assistance; and those who, now at advanced age, suffer from diseases due to weakness of the generative organs and nerves, and who fear early impotence or its occurrence from local or general weakness.

“Those also who suffer from consecutive syphilis, wens, obstinate skin diseases, syphilitic gout, or whose body is weakened, shaken, or poisoned by mercurial preparation, are guaranteed a positive cure.

“You can be sure of the greatest secrecy in all cases; the letters are either returned or destroyed after successful treatment.

“The growth of our efficiency has *long* since exceeded the boundaries of the United States, and our brilliant results prove that the sexually diseased and weakened can confide themselves to us. We are in the position to say that not

one of our many patients is dissatisfied, and we can without fear, offer the challenge that you can stamp the lie on us if there is one patient who can contend that he has not been treated properly.

"Our chief object is to destroy the vocation of those quacks and swindlers, so-called 'reverends' who recommend their useless remedies in the papers by pompous praises of dangerous tinctures, pills, powders, or the like, costing large sums of money; and in exchange for which we offer mankind a rational, proven, experienced treatment on a solid basis.

"We repeat that all *letters* and *monies* should be sent to our address:

"Q-9-A Medical Institution."

Q-10, a manufacturer from the Pacific coast, who has a "radio-active pad" which cures nearly all ailments to which the body is subject, also advertises in one of the foreign language newspapers. The following is a translation of this advertisement.

"MAKE AN END TO ILLNESS THROUGH A NEW METHOD.

"No medicine, drugs, or diet. It is only a light, small comfortable and inexpensive RADIO-ACTIVE pad which rests during the day on your back and at night on your stomach. It is sold on free trial. You may rest assured that it will help you before you buy it. More than 100,000 were sold in this manner. Thousands have written to us that they have been cured of neuritis, rheumatism, high blood pressure, constipation, heart-lung-liver-kidney-and bladder ailments, etc. No matter what you have already used or from what you suffer, try our 'Q-10 Radio Active Solar Pad' at our risk. Write to-day for our trial offer and literature.

"Q-10 Company,

—— Building

—— City.

A letter was written to this "radio pad" specialist, in which the writer gave symptoms that would indicate that he was a victim of syphilis. Shortly thereafter, a multigraphed letter, with literature and other blanks enclosed, was received, in which it was stated that the writer should send in \$17.50 and he would receive one of the "radio-active solar pads" which "will, if worn according to direction, impart energy, vitality, relieve pain and restore the system to a healthy condition." The circular stated, among other things that this

"RADIO-ACTIVE SOLAR PAD is specially recommended for diseases of throat, lungs, kidneys, liver, all stomach trouble and *female complaints*, stimulates heart action by increasing circulation of the blood, acts on nerves and muscles, imparting energy, vigor, and strength, relieves blood pressure and restores the arteries to a pliable condition. The pad is recommended to strengthen the kidneys, liver, bladder, and every internal organ in your body. Overcomes any weakness in any part of your body and restores the nerves and tissues to



to a healthy condition. Strengthens your heart, bowels, *sexual organs*, and the muscles of the abdomen, back and hips. It will reduce excessive blood pressure and restore elasticity to the arteries regardless of what your age may be."

Three more follow-up letters with literature enclosed were received within a space of three weeks.

An old and respected practicing physician has summed up the question of quackery as follows:

"Quackery is not entirely dead. It will not be for some time to come. Wherever ignorance exists there will be 'quacks' and 'quack remedies.' However, education and legislation have done a great deal to drive the quack under cover. Because of education the traveling medicine man and his like do little more now than amuse their audiences. Legislation has forced the 'quack' behind closed doors. Where he used to bark his medicine, he now has a desk in an 'office' or 'laboratory' and sends out advertising matter to accomplish the same result. Often he succeeds, especially when the person reached is ignorant. The newly acquired 'respectability' of these exploiters, whether licensed physicians or not, makes it hard to fight them. If the medical profession begins to fight them the cry immediately arises that professional jealousy is the cause, that doctors do not wish the cures to be made too easily as it will belittle their profession, and that they are naturally opposed to cures outside of their science. In order to stop their practices it is necessary to educate the people, have laws and enforce them."

## EDITORIALS

### THE FALL CONFERENCE

The Fall Regional Social Hygiene Conference will be held this year in Louisville, Kentucky, under the sponsorship of the Social Hygiene Association of Kentucky and thirty-five cooperating national, state and local organizations, including the State Boards of Health and Education. The American Social Hygiene Association, as the representative national voluntary agency in this field, will participate extensively in developing the plans and program. The dates for the Conference are October 11-13 and headquarters will be the Brown Hotel. Authorities in the field of sex education, protective measures, venereal disease control, law enforcement and other

aspects of social hygiene will be on the program. It is expected that the speakers will include Surgeon General Hugh Cumming, Professor Thomas W. Galloway, Reverend Anna Garlin Spencer, Dr. Hugh Young, Miss Chloe Owings, Dr. Valeria H. Parker, Dr. William F. Snow, and other leaders in the nation's social hygiene activities.

Dr. A. T. McCormack, Secretary of the State Board of Health of Kentucky, has invited the health workers of the state to take part in this Conference, and Mrs. Elsie A. Zinsmeister, President of the Social Hygiene Association of Kentucky, has been assured of the cooperation of both voluntary and official groups throughout the Southwest.

Specialists will be given opportunities to discuss their particular problems at round table gatherings while the general meetings will furnish addresses and papers of wide interest and value. Many members of social hygiene societies and workers in related fields throughout the United States already are planning their October schedules with this Conference in mind. As for the social features, the Committee is making ample provision for them.

Another announcement of interest to social hygienists is that a series of social hygiene sessions are being planned to take place in Chicago, Illinois, October 15-19, during the annual meeting of the American Public Health Association. The program committee consisting of Assistant Surgeon General Thomas Parran, Dr. Albert Pfeiffer, Dr. Walter M. Brunet and Ray H. Everett have made tentative plans for a luncheon session, a scientific session, and a public session, in addition to which a number of other social hygiene meetings will be arranged in coöperation with the interested groups in Chicago.

The tentative program for the meeting of the American Public Health Association shows many events of unusual interest and the 1928 assembly promises to be a notable one. From the standpoint of numbers in attendance, also, this year's meeting promises to break all records, inasmuch as the

American Child Health Association and the American Social Hygiene Association are meeting in Chicago during the same week.

#### STRENGTHENING THE LINES

The first half of 1928 has been a season of unusually rapid growth in the social hygiene movement. What is, perhaps, the most satisfactory element in this increase is its widespread distribution.

From the standpoint of individual memberships, an additional thousand names have been added to the rolls of the national association, all parts of the country being well represented. When we look at the list of affiliated groups and societies we find similar evidences of advance.

Oregon and California lead the Pacific Coast contingents, the former showing new strength and a determination to carry on a broad-gauged program. The South Dakota Social Hygiene Council moves forward with the solid backing of that state's health and educational forces, while Missouri now plans a state council to supplement the effective programs of the local societies in St. Louis and Kansas City.

Dallas, Texas, and Oklahoma City are two of the Southwest's communities which have organized recently for more extensive social hygiene work, and they, with the Kentucky Social Hygiene Association, are counted on to help greatly in the activities of this region.

Coming north we find new working committees in Buffalo, Syracuse and Albany, an increasingly effective committee in New York City, an active body in New Haven, Connecticut (where plans already are under way to put into effect as soon as possible the recommendations of the 1927 survey), and a strengthened, reorganized society in Massachusetts.

These names are but a part of the roster of new social hygiene allies and there surely is ground for optimism in noting the steady, constructive, well-based advance along all fronts.

## AND NOW NOGUCHI

To the lengthening roll of heroes of science who have sacrificed their lives in the cause of human health and welfare, has been added Doctor Hideyo Noguchi. This noted Japanese scientist died of yellow fever in Accra, West Africa, May 21, 1928. The history of his life and the circumstances of his death are such materials as one finds in great dramas of war and exploration. It is unfortunate for both science and civilization that there is no way to dramatize the story of Noguchi and his great achievements. He has been a commanding general among the forces fighting preventable diseases. Yellow fever, syphilis, trachoma, are among those toward whose conquests he made notable contributions. Improvements in the preparation and use of vaccines for protection against small-pox, and of antivenins to counteract the results of poisonous snake bites, are among other types of life-saving researches credited to Doctor Noguchi.

In one way or another every member organization in the National Health Council is indebted to this great scholar, leader and friend of mankind of whom it may be said in Stevenson's words—Gladly he lived, and gladly died, and he laid him down with a will. Japan and the United States will feel his loss intimately as of a member of the family, but Doctor Noguchi belonged to the world and wherever scientific progress is being made the news of his death will be received with a sense of great loss.

WILLIAM F. SNOW, M.D.,  
President of the National Health Council.

## SOCIAL HYGIENE BULLETIN

*Continuing the SOCIAL HYGIENE BULLETIN which was published  
as a separate monthly periodical from 1914 to  
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**Annual Meeting of the Illinois Social Hygiene League.**—The annual meeting of the Illinois Social Hygiene League was held on Thursday, April 26, 1928, at 5:00 p.m. at the offices of the League at 9 East Huron street.

Dr. L. E. Schmidt, the President, gave a brief report of the recent developments in the League.

The Medical Department has undergone extensive remodelling resulting in greatly improved facilities for better treatment and increased privacy at reduced cost to the patient. Clinics are now conducted from 10:00 a.m. to 8:00 p.m. daily. Special provision has been made for treatment of free patients at certain hours of the day. Children are treated free of charge during any of the clinic hours. These changes were made possible through the cooperation of the Public Health Institute, and under the supervision of Dr. Joseph G. Berkowitz, its Medical Director. Dr. Louis E. Schmidt continues in charge of the medical work of the League.

The Social Service will be carried on through a department that has been established by Miss Abbott, Dean of the Graduate School of Social Service Administration of the University of Chicago, under the supervision of Miss Ruth Emerson, Director of the Social Service Department of the Albert Billings Memorial Hospital. Miss Elizabeth Dyer, who is in charge of this service, has come from the University of Pennsylvania Post Graduate School of Medicine, where she has been for six years Assistant Director.

The Educational Department will be under the supervision of Dr. Rachelle S. Yarros, who is also Director of the Social Hygiene Council of Chicago.

The following were elected officers of the League: Dr. Louis E.

Schmidt, President; Mrs. B. F. Langworthy, 1st Vice-President; Mr. David Noyes, 2d Vice-President; Mr. W. S. Reynolds, 3d Vice-President; Dr. G. F. Fischer, Treasurer; Dr. Rachelle S. Yarros, Secretary.

**Oregon Society Reports Advances.**—Courses in social hygiene should be established in the universities and normal schools of Oregon so students, upon graduating, would be fitted to carry on the work in their communities, Dean Roy Hewitt of the Willamette University Law School at Salem told the Oregon Social Hygiene Society at its annual banquet meeting held in Portland on Tuesday, May 15.

There is a definite need for sex education, Dean Hewitt pointed out, and few parents have the scientific knowledge necessary to give information to their children in the right way. As the schools do not touch upon the subject in any definite manner, it is up to such an organization as the Society to carry on the work, he declared. He urged that more attention to nature study, to biology and to physiology be given in grade schools of the state, so that pupils would have a fundamental knowledge of life before entering high school.

No other active agency is taking up this work as thoroughly as the Oregon Social Hygiene Society, Dr. Norman F. Coleman, President of Reed College and President of the Society, stated. He related the history of the organization briefly. It was established in 1911 and was supported entirely by private subscriptions until 1914, when the work was recognized by the state legislature. Appropriations for the work were made until 1925. In that year the legislature voted an appropriation, but it was vetoed by Governor Pierce, who said he did so as a "matter of economic policy."

This made necessary closing of the Society's office and cessation of the work until February of this year, when many citizens, realizing the necessity of the work, decided to see that it was resumed. The executive committee, he reported, is planning on a three-year budget of \$18,000, or \$6,000 a year, which, he said, is the minimum with which activities may be carried on.

Dr. J. Guy Strohm of the University of Oregon Medical School at Portland, who served during the World War as colonel in the 91st Division, recalled that during the war Oregon's men ranked highest among those of all the states in freedom from venereal diseases.

More treatments at the Portland Free Dispensary are given for venereal diseases than for tuberculosis, diabetes, cancer and eye, ear,

nose and throat trouble combined, members were told. Dr. Frederick D. Stricker, Secretary of the State Board of Health, indorsed the work of the Society and expressed the hope that more attention would be paid to the prevention and control of venereal diseases.

A report of activities since February was given by Homer A. Chamberlain, new Executive Secretary of the organization. More than 1,400 requests for pamphlets, consultations and advice have been received in that time, he said. If plans as now outlined are carried out, the Society will have two full-time lecturers in the field to carry on educational activities. Mr. Chamberlain will be one of the lecturers.

**Committee Announces Medical Cost Study.**—How can a family of moderate means secure adequate, scientific medical service at a cost which it can afford?

Dr. Ray Lyman Wilbur, President of Stanford University and former President of the American Medical Association, declared in an announcement issued recently by the Committee on the Cost of Medical Care, that this "is the most pressing medical question before the people today and is daily becoming more acute."

Plans of the Committee for a five-year program of research which it hopes will help to solve the problem were outlined. It is stated that nothing similar was ever undertaken anywhere in the world.

"The importance of the problem may be better appreciated," says Dr. Wilbur, "when it is realized that the present cost of illness to the people of the United States is probably over \$5,000,000,000 per year."

The Committee, which is a newly formed organization with headquarters here, includes some of the most eminent physicians, sanitarians and economists, as well as prominent laymen. Financial support has been supplied by the Carnegie Corporation, the Milbank Memorial Fund, the Russell Sage Foundation and the Twentieth Century Fund.

Participating in the research will be the American Medical Association, the Metropolitan Life Insurance Company, the United States Public Health Service, The American Social Hygiene Association and other agencies.

"There are more than a million persons engaged in curing and preventing disease," said Dr. Wilbur, "and more than five billions

invested in hospitals and other equipment. Nevertheless, a large group of persons are not receiving needed medical treatment at costs within their means. Complaints of high charges are becoming frequent, and I fear some of them are justified. The cause of the difficulty, often, is the large number of separate bills which must be paid, not the amount of the physician's charge.

"Physicians, as a group, are not earning adequate incomes; and for many, hospitals and other facilities for scientific work are lacking. Nurses and dentists, too, fail to receive satisfactory returns for their labors. Apparently it is the present 'system' which is at fault.

"The Committee hopes that the facts which will be revealed by the studies should encourage practical experimentation by the medical profession and the public, and that they should lay a foundation for the provision of adequate and efficient therapeutic and preventive treatment to the whole population at a reasonable cost to the individual and the community under conditions which will maintain the personal relations of the doctor and his patient and assure the physician, nurse, dentist and other agents adequate compensation for services rendered."

The Committee's actual program will consist of the three following groups of studies:

1. Preliminary surveys of data showing the incidence of disease and disability requiring medical services and of general existing facilities for dealing with them.

2. Studies on the cost to the family of medical services and the return accruing to the physician and other agents furnishing such services.

3. Analysis of specially organized facilities for medical care now serving particular groups of the population.

The above studies, it is estimated, will cost over \$300,000 during the five-year period.

Associated with Dr. Wilbur as officers are Dr. C.-E. A. Winslow, Yale University School of Medicine, Vice-Chairman; Chellis A. Austin, Seaboard National Bank, New York, Treasurer; Harry H. Moore, Director of Study. The executive committee also includes Dr. Walter P. Bowers, Clinton, Mass.; Michael M. Davis, New York; Helen F. Draper, New York; Dr. Haven Emerson, New York; Walton H. Hamilton, Washington; Dr. J. Shelton Horsley, Richmond, Va.; and Dr. Walter R. Steiner, Hartford, Conn.



**Fifth International Medical Congress of Industrial Accidents and Occupational Diseases.**—The first official circular of the Fifth International Medical Congress of Industrial Accidents and Occupational Diseases, to be held September 2–8, 1928, in Budapest, Hungary, announces papers by the following physicians from the United States: Dr. Fred H. Albee, New York, "Traumatic Pseudo-Arthroses and Treatment by Automatic Machinery"; Dr. Emery R. Hayhurst, Columbus, "A Large Group of Silicotics with Very Low Incidence of Tuberculosis"; Dr. Eugene L. Fisk, New York, "The Periodic Health Examination in Industry"; Dr. Henry H. Kessler, Newark, "The Medico-Legal Aspects of Occupational Diseases"; Dr. R. H. Corwin, Pueblo, "Sanitation, Noise and Psychology in Industrial Hospitals"; Dr. Raphael Levy, New York, "The Spinal Column in Reference to Trauma"; Dr. Richard Kovács, New York, "Physical Therapy in Traumatic Conditions."

Extensive plans for scientific, social and scenic attractions in connection with the Congress are announced. The Hungarian Consul General of New York will grant free visé of passports to all visitors to the Congress and their families. Further information regarding the Congress can be obtained from Dr. Richard Kovács, Secretary, 223 E. 68th St., New York City.

**Supervision of Midwives.**—The midwifery supervision and licensing in Mississippi have been very effective in raising the standard of midwifery among the colored midwives. Their understanding and attitude toward their work have markedly improved, their appreciation of their responsibilities has grown, and they have come to a recognition of their limitations, and now know better when the assistance of a physician is needed. This plan of supervision seems most practical considering that these midwives receive a maximum financial reward of about \$300 a year.

National Health Council Monthly Digest, May, 1928.

**Resolution Passed by The National Council for the Unmarried Mother and Her Child.**—The National Council for the Unmarried Mother and Her Child (London, England) at its meeting on March 15, 1928, passed the following resolution:

"The National Council for the Unmarried Mother and Her Child pledges itself to cooperate in the present campaign for the reduction of maternal mortality.

"The Council recommends:

- (a) "That steps should be taken to obtain an inquiry into every death occurring during pregnancy and the course of labor, or following upon childbirth.
- (b) "That the provisions of the National Health Insurance Acts should be readjusted and extended so that medical and midwifery services, together with sickness benefit adequate for maintenance during incapacity connected with her condition, should be available for every mother who comes within the scope of these Acts.
- (c) "That action should be taken in every area to induce all local authorities to make their maternity services adequate and available for both married and unmarried mothers."

National Health (London, England), April, 1928.

**A Study of Truants in New York City.**—The New York State Sub-commission on the Causes and Effects of Crime has recently published the results of a study of 201 truants chosen at random from public school truants in Manhattan. It was found that a large proportion were from broken homes, that most of the fathers were unskilled laborers, and that parental control was often lacking. No mental or physical examinations of the truants were made, but the report states that a similar investigation in 1915 showed that less than half the group then studied were of normal intelligence. Only 38 of the 201 truants had delinquency records, but the commission felt that persistent truancy has an important bearing upon delinquency because it encourages an antisocial attitude in the child through bringing him into conflict with the compulsory education system.

The report recommends the establishment within the school system of clinics for the study of children presenting behavior problems, trained case workers for the supervision of such children, a school curriculum revised to meet the needs of children incapable of ordinary academic training, and public funds for these added facilities. If public funds are not promptly available it is suggested that support be sought from private sources.

**Children's Bureau Issues New Posters.**—With thousands of boys and girls preparing to enter the ranks of the wage-earners for the first time after the close of school this year it is important, says the Children's Bureau of the U. S. Department of Labor, for local com-

munities to consider what opportunities for further education are available for these young workers, and what protection is afforded them against the hazards of industry.

What a state and a community may do to protect young workers is illustrated in a set of new posters just issued by the Bureau for free distribution. The twelve posters tell the story of John and Elsie, a typical American boy and girl, and their transition from school to work.

The story shows that, if children are not to be deprived of the opportunity for education and normal physical development by too early labor or labor under unfavorable conditions, every child, before going to work, should have a childhood free for normal growth in body and mind; at least an eighth grade education; vocational guidance in school; a physical examination before receiving a work permit; and help in selecting the right job. After going to work the standard should be an eight hour day or less; no night work; protection from dangerous or unhealthful occupations; and opportunity to attend continuation school.

At the present time, it is pointed out, only fourteen states require children to complete the eighth grade before a regular work permit will be issued to them; six states still allow children as young as fourteen to work ten or eleven hours a day or more; only twenty-five states require physical examination of children by a physician before granting them work permits; only twenty states require the establishment of continuation schools; and many states permit young workers to operate dangerous machinery.

**Establishment of the University Film Foundation.**—An announcement from the University Film Foundation of Cambridge, Massachusetts (a non-profit organization, incorporated under the laws of Massachusetts), states that the Foundation is designed to produce motion picture films of scientific, artistic and educational value in collaboration with the faculty and staff of Harvard University and to make these films available at a minimum cost to educational and cultural institutions. According to an agreement with the President and Fellows of Harvard College, the College extends to the Foundation the free use of its laboratories and equipment for the production of educational films and will encourage the members of its staff to aid in such production.

The objectives of the Foundation are summed up as follows:

(1) To establish, in connection with Harvard University, a completely equipped center where films and photographs of educational and scientific value may be produced, collected and preserved.

(2) To contribute to the advancement of science and knowledge by the production of films under scientific direction and with the assistance of specialists from other institutions and organizations, as well as from Harvard University.

(3) To collect and edit acceptable film material from other sources and to provide a market for the owners and producers of such material.

(4) To make all films, edited and produced by the University Film Foundation, available at a minimum cost to schools, colleges, libraries, museums, churches and clubs the world over.

(5) To cooperate with scientists and explorers, aiding them in field production and providing them with trained personnel.

(6) To train young scientists in motion picture technique.

(7) To record research experiments of permanent value in industrial and university laboratories and make these film records available in desirable form for educators and the public.

The Foundation will have a membership limited, for the present, to one hundred persons eminent in the fields of education, science, art, religion, medicine, industry and commerce in this and other countries. This body will meet annually to advise the Foundation regarding its program of film production and distribution.

The activities of the University Film Foundation will be controlled by the Board of Trustees, functioning through an Executive Committee appointed by the Trustees. Under the direction of this committee, and in collaboration with the members of the staff of Harvard University, the operation of the Foundation will be carried on by specially trained scientists, technicians and business men.

The Foundation maintains an Office at 11 West 42d Street, New York City, to handle its organization and business activities.

**Eugenical Sterilization in Canada.**—In "Eugenical News" for April there appears the following article in regard to a bill for eugenical sterilization which was passed by the Legislature of Alberta:

"On March 6, 1928, the Legislature of the Province of Alberta, Canada, passed a eugenical sterilization bill which, to become a law, needs only the assent of the Lieutenant Governor. If this assent is

given, Alberta will be the first of the Canadian Provinces to adopt the policy of eugenical sterilization. The bill is purely eugenical in its purpose and has one excellent feature. It provides that whenever it is proposed to discharge an inmate of any mental hospital, the responsible officer in charge may cause such inmate to be examined by a board of examiners. It provides further that

"If upon such examination, the board is unanimously of opinion that the patient might safely be discharged if the danger of procreation with its attendant risk of multiplication of the evil by transmission of the disability to progeny were eliminated, the board may direct in writing such surgical operation for sexual sterilization of the inmate as may be specified in the written direction and shall appoint some competent surgeon to perform the operation.

"Such operation shall not be performed unless the inmate, if in the opinion of the board he is capable of giving consent, has consented thereto, or where the board is of the opinion that the inmate is not capable of giving such consent, the husband or wife of the inmate or the parent or guardian of the inmate if he is unmarried has consented thereto, or where the inmate has no husband, wife, parent or guardian resident in the Province, the Minister has consented thereto.

"No surgeon duly directed to perform any such operation shall be liable to any civil action whatsoever by reason of the performance thereof."

**Massachusetts Society for Social Hygiene.**—The Annual Meeting of the Massachusetts Society for Social Hygiene was held at the University Club, Boston, on Wednesday, April 4, 1928.

Bishop William Lawrence spoke of the past activities of the Society under the presidency of Charles W. Eliot; Dr. William Snow, General Director of the American Social Hygiene Association, discussed the program for social hygiene throughout the country; Dr. George Bigelow, Massachusetts Commissioner of Public Health, Dr. Cecil Drinker, President-elect, and Dr. Helen McGillicuddy, Executive Secretary, spoke of the program and plans of the Massachusetts Society.

The following Officers and Executive Committee were elected: Dr. Cecil K. Drinker, President; Dr. George H. Bigelow, Honorary Vice-President; Mrs. Maida H. Solomon, Vice-President; Miss Mary

E. Driscoll, Secretary; Mr. Robert M. Tappan, Treasurer. Executive Committee: Dr. Austin W. Cheever, Dr. Harold L. Leland, Mr. Herbert C. Parsons, Miss Elizabeth Ross, Dr. Clarence L. Scamman, Dr. Helen McGillicuddy, Executive Secretary.

**Kansas Studies Venereal Disease Prevalence.**—In "*Venereal Disease Information*" May 20, 1928, Earle G. Brown, M.D., Secretary of the Kansas State Board of Health, describes a study of venereal disease prevalence among 22 Kansas counties, which was undertaken following a conference with Dr. Thomas Parran, Assistant Surgeon General of the United States Public Health Service, in charge of the Division of Venereal Diseases. Such a study, it was believed, would give a definite idea as to (1) the number of cases under treatment, (2) the venereal disease rate in the general population, (3) the percentage of physicians having cases under treatment, and (4) the number of physicians not treating venereal diseases.

It was further considered that the study would be of value not only in determining the facts enumerated above but that it would be an index by which the results of future studies could be measured in order to determine a possible increase or decrease in venereal diseases.

The counties selected were considered representative Kansas counties, none of them bordering adjoining states. In this way cases from other states would not be included in the totals. The counties selected included Barton, Butler, Coffey, Douglas, Ellis, Ellsworth, Geary, Wabaunsee, Harvey, Jackson, Jefferson, Kingman, Lyon, Marion, Osage, Ottawa, Reno, Rice, Riley, Saline, Sedgwick and Shawnee.

The population in the 22 counties totaled 617,972, or 33.6 per cent of the total population of the state. The estimated population was taken from the report of the board of agriculture, based on their returns for the year 1927.

Because of lack of funds and personnel the study was made by submitting questionnaires to physicians by mail. An addressed envelope was inclosed for the return. The blanks were furnished through the courtesy of the United States Public Health Service. The blank was simple, two questions being asked:

1. Number of cases of syphilis actually under treatment or observation, by sex and stage of disease, on June 1, 1927.

2. Number of cases of gonorrhea actually under treatment or observation, by sex and stage of disease, on June 1, 1927.

In the counties selected for the study the names of physicians were taken from the 1927 directory of the American Medical Association. These lists were sent to the county health officers for checking. When the lists were returned it was found a few names had been added, some physicians had retired from practice, some were removed to other counties or states, and a number were deceased, reducing the total by 85 names. The original list comprised 827 names, or 36 per cent of the physicians listed in the directory. Replies were received either directly or indirectly from every physician.

The return of blanks disclosed the following interesting information: First, 314 physicians, or 42.04 per cent, reported cases of venereal diseases under treatment; second, 428 physicians, or 47.5 per cent, reported no cases of venereal disease under treatment; third, 75 physicians, or 10.1 per cent, reported they did not treat venereal disease.

Three thousand one hundred and thirty-five cases of gonorrhea and syphilis were reported under treatment or observation in the 22 counties on June 1, 1927, a rate of 5.29 per 1,000 population. Of the total cases reported, 1,860 were gonorrhea, a rate of 3.14 per 1,000 population, and 1,275 were syphilis, or 2.15 per 1,000 population.

Of the total of 1,275 cases of syphilis, 1,167 were acquired and 108 were reported as congenital. Cases of congenital syphilis were not differentiated as to sex. Of the cases of acquired syphilis, 61.6 per cent were reported as late. For gonorrhea, 44.8 per cent were reported as chronic.

Gonorrhea and syphilis were tabulated separately by sex and stage of disease. Of the 1,860 cases of gonorrhea, 1,184, or 63.6 per cent, were males. Of the 1,167 cases of acquired syphilis, 751, or 64.3 per cent, were males.

Chronic cases of syphilis outnumbered the early cases in both sexes. There were 436 chronic cases among males, a rate of 1.39 per 1,000 population. Among females there were 283 cases, a rate of 0.92 per 1,000 population. Among males 315 early cases were reported, a rate of 1.01 per 1,000 population. Among females there were 133 cases, a rate of 0.43 per 1,000 population.

Acute cases of gonorrhea in males outnumbered the chronic cases. Among females chronic cases slightly outnumbered the acute cases. Among males 705 acute cases were reported, a rate of 2.26 per 1,000 population. There were 319 acute cases in females, a rate of 1.04

per 1,000. Among males 479 cases of chronic gonorrhea were reported, a case rate of 1.53. Among females 357 cases of chronic gonorrhea were reported, a case rate of 1.16 per 1,000 population.

In only two of the counties, Sedgwick and Shawnee, were there free clinics for the treatment of venereal diseases. One thousand two hundred and eighteen cases of gonorrhea and syphilis were reported in the city of Wichita and Sedgwick County, and of this number the clinic reported 28, or 2.3 per cent. Physicians in the city of Topeka and Shawnee County reported 537 cases under observation or treatment, and of that number the Topeka clinic reported 86 or 16 per cent. The health officer of the city of Topeka gave the advice that approximately 33 per cent of the cases of syphilis under treatment in the clinic are referred by physicians.

Two hundred and twelve physicians expressed their opinions as to the trend of venereal-disease incidence. Forty-four stated there was neither an increase nor decrease. Fifty believed it to be on the increase, and 113 stated venereal diseases were decreasing, the principal reasons being public-health education and prophylaxis.

**International Poster Contest.**—The General Propaganda Committee of the French National Hygiene Office is organizing under the auspices of the International Union for combating the Venereal Diseases, and with the help of the member societies of the Union, an International Contest in Posters, from May 1, 1928, until October 1, 1928, for the purpose of putting at the disposal of propaganda organizations engaged in the fight against venereal diseases, posters pertaining to the national campaigns made against syphilis. The following rules to govern the contest are announced:

RULES (Translated from French Text)

Article 1. A single award of 5,000 francs will be given by a majority vote of a jury, to the artist whose work has been adjudged the best by the jury.

The poster receiving this award will remain the property of the General Propaganda Committee of the French National Social Hygiene Office.

Article 2. The jury may furthermore recommend to the General Propaganda Committee of the French National Social Hygiene Office the acquisition of two other posters besides the one having received the first award.



In such case, each of the two posters so selected will receive a special mention and an award of 500 francs.

These posters will also become the property of the General Propaganda Committee.

Article 3. The jury will be formed by two members of the International Union for Combating the Venereal Diseases (the President and General Secretary), one member of the General Propaganda Committee of the French National Social Hygiene Office, one member of the French National League for Combating the Venereal Diseases, the Manager of the Prophylactic Office of Venereal Diseases of the Labor, Social Hygiene, Aid and Preventive Departments, and of two artists of different nationality and of wide repute.

Article 4. Designs submitted to the jury must be reproducible as "demi-colombier" posters (height: 1.20 m., width: 0.80 m.).

Article 5. Artists desiring to enter contest are requested to send their names to M. Lucien Viborel, Secrétaire général de la Commission de Propagande de l'Office National Français d'Hygiène sociale, 26, Boulevard de Vaugirard, Paris, before September 1, 1928. Designs must reach that address before October 1, 1928. Results will be published on December 5, 1928.

Article 6. An exhibition of designs in contest will be held in Paris during the month of November, 1928.

The committee makes the following statement (translated) for the guidance of those who intend participating in the contest: It is well to recall that syphilis is a social evil which causes each year the death of millions of people throughout the world. Syphilis is one of the most serious diseases known to mankind. It is due to a germ called *Treponema pallidum*.

Very infectious in nature, syphilis is spread by direct contact and particularly through sexual intercourse. It is sometimes transmitted by kissing or through the use of toilet articles or table utensils, pipes, or razors having belonged to persons suffering from syphilis.

Frequently, syphilis is transmitted to the child before its birth. It is then known as "hereditary syphilis."

Syphilis causes 80 per cent of the stillborn; 50 per cent of the children born affected with congenital syphilis die before reaching fifteen years of age.

Deaths due to syphilis represent 10 per cent of the general mortality.

There still exist today countries where the population is contaminated either with acquired or hereditary syphilis. Syphilis is really the great slayer of children and a main source of supply for the asylums for the insane.

Although infectious, syphilis may be avoided. It is possible to preserve oneself against this disease. If unfortunately infected, one may be cured by following sound treatment for the necessary length of time.

We put forward the following as means of fighting the ravages of syphilis:

1. Public education against syphilis.
2. Medico-social armament against syphilis.

It is in the measure that sexual education will be given in the schools parallel with moral education, that the young generation will learn of the terrible danger of syphilis and how it can be prevented. It is by fighting against ignorance, by denouncing the terrible effects of syphilis and of prostitution, principal source of syphilis, that the public will learn how to protect itself against this disease.

Instead of considering only the important problem of syphilis, it is desirable to teach the young boys and girls the nobility of the sexual functions and of the act which transmits life, the respect of personal dignity, the importance of human solidarity in the matter of health, and self-control. The young people being thus more enlightened will clearly understand that to preserve one's health is a social duty.

A whole armament has been provided against the evil of syphilis. To begin with we have hospitals and dispensaries where staffs of specialists, equipped with the most modern instruments and data, are able to make early diagnosis and insure treatment by means of the most efficient specifics.

We have prenatal consultations when hereditary syphilis is located and treated; hospitalization services for persons suffering from syphilis; serological laboratories and strongly organized popular propaganda against syphilis, which is daily working in many countries.

This anti-syphilitic armament has already proved its efficacy, for in the countries where it prevails, an important decrease of the disease has been noted.

The General Committee makes this urgent appeal to artists the world over, in order that this International Contest in Posters may take the character of a true and universal manifestation of art put

at the service of the great humanitarian cause of social defense against syphilis.

**Nurses Hold Biennial Meeting.**—The Biennial Convention of national nursing organizations held in Louisville, Kentucky, June 4–9, was attended by approximately 4800 nurses. There were four joint general sessions attended by the members of the National Organization for Public Health Nursing, the American Nurses' Association, and National League of Nursing Education, held in the Armory. Most outstanding of these was undoubtedly the one at which Dr. May Ayres Burgess presented the report of the Committee on the Grading of Nursing Schools. Dr. Burgess summarized the report which is now in book form, "Nurses, Patients and Pocketbooks," and stated the need for action on four problems as follows:

1. To reduce and improve the supply of nurses.
2. To replace students with graduates.
3. To help hospitals meet costs of graduate service.
4. To get public support for nursing education.

The N.O.P.H.N. meetings were all crowded to overflowing. Special interest was shown in the rural nurses' program, the report of the Education Committee upon staff education for public health nurses, and the formation of a new lay member section in the N.O.P.H.N. to be known formally as the Board and Committee Members Section.

A paper of unusual interest to all nurses was that by Dr. C.-E. A. Winslow on the "Distribution of Nursing Service in the Community." His paper will be published in full in the July number of *The Public Health Nurse*, which will be entirely devoted to convention material and will carry all the important N.O.P.H.N. papers.

Among the many interesting exhibits was one furnished by the National Health Council in which the constituent organizations were represented by posters, charts, diagrams, and literature of their respective fields.

**Special Issue of American Medicine.**—*American Medicine* for May, 1928, is a special Dermatology Number carrying twenty-seven original contributions. Among other articles of interest appears a review (page 280) of Parran, Smith, and Collins' "Venereal Disease Prevalence in Fourteen Communities." (*Venereal Disease Information*, IX, February 20, 1928.) The importance of such studies is recognized

and studies of the relationship of the prevalence and incidence of venereal diseases to economic and social phenomena. "It probably will be found that in an attack upon the venereal diseases one must necessarily make a more profound attack upon our social organization, our industrial concentration, and our educational inadequacies."

**Social Hygiene Outline for Churches.**—"Teaching Social Hygiene in the Churches" is the subject of a recent article by Anna Garlin Spencer which appeared in *The Christian Register* under the following editorial note: "If the church is a school for teaching how to live the good life, sex education has a proper and prominent place in its program. Mrs. Spencer, liberal minister and lecturer on ethics and social service, formerly of the Meadville Theological faculty, told the New York League of Unitarian Women at its meeting in New York City, February 2, how this should be done. The following outline deals with technique, which is the chief need of those church groups who have the will and seek the way."

I. Social Service touches Social Hygiene at the following points:

Through family case work where venereal disease, or vicious habits, or delinquency of parents or children, or necessary application of any member of the family for the service of the Domestic Relations or Children's Court show a need for correction of personal faults in matters of sex-relationship. The church parish assistant, or a church committee, may be in touch with Social Service—or, if not, should be.

To make such contact effective a study of case records should be secured from a family case worker in associated charities or similar agency, each case to be stated as a problem; and after each member of the group has tried to solve the problem, then the solution attempted by the expert case worker is to be stated and its results weighed and discussed. The "project method" probably cannot be used at its full in a church group, but the use of the material actually in hand of the social service case-worker is available for a first-hand dealing with real people and their conditions, and is the best way to get at the pathological social conditions involved in the definite relationship of one side of social hygiene to social service. Any bad laws or insufficient protection of family life and of children and youth should, of course, hold the attention of church students in such a study. Public opinion has to secure many bettered conditions, and the church is responsible for public opinion in a great degree.

## II. Social Hygiene touches Social Service:

Through recreation and settlement work, where there is need for more and better provision for wholesome good times under moral protection, and with agencies for educational and physical training; aids to better development than the home affords. Here the church has a duty to enlarge such opportunities in both city and suburban town and rural districts. Recreation and physical training should be a large part of the approach of the church to youth. Chances for young people at work, both young men and young women, to meet "nice people" and to meet each other under right conditions, should be offered by the churches as a sacred duty. In the age when sex-attraction works most freely, young men and young women should meet each other often under right auspices. Members of churches should use their homes for this purpose, and as far as possible church buildings should be provided with recreation rooms. For special leadership a combination of physical culture director and game and dance leader may be found in one person, either salaried or volunteer, or it may be that two volunteers can divide the work and get sufficient helpers to make sure that each and every young person related has a better time at the church than elsewhere. Not to "loaf," but to help actively in a common effort to make all feel at home and get a stronger body and a more contented mind. A church committee should make this its special business.

## III. The Church touches the School:

Through adult education of all sorts. The church should be obviously a school for all who wish to learn what perhaps the day school does not teach, or which they have missed in their earlier schooling: forums, classes, special readings, plays read or acted, pageants, festivals—all manner of educational activities of an attractive sort which bring old and young together and make a homelike place of learning. The church can do this work as no other agency can, because it has a smaller and for the most part a more homogeneous group to work with than has any other agency. Of course, every church should have a parent-teacher group, however small, where parents and teachers can study child culture problems, and bring the scattered ends of education more in harmony with some conscious plan. Some one capable man or woman should be in charge of this work to insure an ethical program and a truly social atmosphere for all educational gatherings.

#### IV. The Church touches Social Hygiene directly:

Through definite sex-education, in the parent-teacher group especially, and for young people by the discussion of problems of the family, of marriage, of right building of the home life, etc. Sex-education requires specially trained teachers. These can be secured through the help of the American Social Hygiene Association, 370 Seventh Avenue, New York City. These teachers and lecturers can often be secured, free of expense, to initiate courses of study. A ministers' meeting, including all denominations, should be convened, first, to start the desire for expert guidance in this matter. Then there should be as much union of parent-teacher forces as possible, and as much gathering of local information to enable those capable of carrying the study begun by visiting experts, and in general a campaign—first, to show why and how sex-education is desirable, and second, how it can be given in day school and Sunday school, and in parent-teacher groups.

**Department Broadcasts Lectures.**—The Division of Social Hygiene of the New York State Department of Health has apparently made a three-fold record in broadcasting, says *Health News* (May 7, 1928).

It was the first to give single five-minute radio talks at irregular intervals on social hygiene. The favorable response to these short talks encouraged a more pretentious program, so somewhat more than a year ago the Division gave what is believed to have been the first series of four ten-minute talks on this subject at weekly intervals. These gave an opportunity to discuss certain phases completely enough to be of real value. The cumulative value of broadcasting at definite short intervals was evident in the responses.

During the present year the Division has given a course of five fifteen-minute talks on syphilis and gonorrhea, per se. In discussing these diseases frankly and calling them by their classical names frequently during each talk, it is thought that the Division has made a third record.

**Wisconsin Outlines Freshman Guidance Plan.**—Freshmen who enter the University of Wisconsin next fall are expected to start with a decided advantage over those who came as new students in former years, under a new system of counsel and guidance which will start in the fall with a supervised introduction to the procedure of the institution.

Plans for a special freshman period, September 19 to 22, represent

a step in a guidance project which will extend throughout the four years during which the student is attending the university. The proposal is to meet the obligation of the university to concern itself with individual students as well as with the student body as a whole.

Unhurried conferences with faculty members, an attempt to show the freshmen what study in the university means, and a plan to give the newcomers an insight into what the university library facilities have to offer, are among specific projects to be undertaken during the freshman period.

An explanation of the plans has recently been made in a letter signed by President Glenn Frank and sent to 1,200 high school principals in Wisconsin and other states. The result is a large number of responses commenting favorably on the idea, according to Frank O. Holt, Executive Director of the Bureau of Guidance and Records.

The letter reads in part:

"First, every freshman will have the advantage of an unhurried conference with a member of the faculty. These conferences will not be mere touch-and-go affairs. During the year a new form of record has been adopted that will place in the hands of these faculty counsellors a wide range of information about the freshman before the conference takes place. The faculty counsellor will know, not only the freshman's high school record, but something of his personal qualities, special aptitudes, and major interests. The counsellor will confer with the freshman, not simply as a prospective grade maker, but also as a human being faced with the problem of adjusting himself happily and effectively to a human institution.

"These conferences will cover many matters besides the selection of courses, although the freshman's courses will be largely selected in the light of these conferences. The freshman will be able to talk over with his counsellor the problems of participation in various university activities as well. And the counsellor will be able to help the freshman to anticipate many of the difficult situations and perplexities that frequently confuse students in the early months of their university careers.

"Second, an attempt will be made to bring to the freshman a realization of what study in a university should mean. There are differences between studying in a high school and studying in a university—differences in conditions and in controls. The freshman who knows these differences in advance begins with a marked advan-

tage. Through explanations and demonstrations the freshman will be shown economical methods of handling the mechanics of his work, of budgeting his time, of keeping and utilizing notes for something beyond mere memorization the night before examination, of doing his collateral reading, and so on.

"Third, every freshman will be given an insight into what the library of the university has to offer him, and he will be shown how to use the library facilities. On the first class day, every freshman will be able to feel at home in the library and will know how to use its facilities effectively and economically.

"Those three projects do not, of course, tell the whole story of this freshman period. The registration and assignment to classes for all freshmen will take place at this time. Certain psychological and aptitude tests will be given to provide a fact basis upon which the university may perhaps anticipate and assist the students in meeting some problems that might otherwise fall upon them unawares later. Informal meetings will be arranged in which students and teachers may come to know each other. The freshmen will not be advised to death or lectured into boredom. There will be only one general convocation of the entire freshman class. Recreational opportunities will be provided for these early days when, with the bravest of us, a touch of homesickness strikes the student who has left behind him the familiar associations of home and has not yet established the new associations of university life.

"The university cannot give strength to the essentially no-account weakling and wastrel; but it is obligated to leave no stone unturned to awaken and discipline latent strength that might remain latent in the absence of intimate counsel and informed guidance. And the program at which I have here hinted is a token of the university's determination to live up to this obligation."

### ASSOCIATION NOTES

Mrs. Margaret Wells Wood, Dr. Valeria H. Parker and Mr. Newell W. Edson conducted a social hygiene round table at the annual convention of the National Congress of Parents and Teachers held in Cleveland, Ohio, on May 3d. Mr. Edson spoke on "The Adolescent and the Theater" at the motion picture round table conference in which considerable interest was shown. Questions were asked which resulted in a two and a half hour discussion and the meeting room



was unable to hold all who came. Among approximately thirty exhibits at this convention the social hygiene exhibit furnished by the American Social Hygiene Association took third prize. The other prize winners were the Playground and Recreation Association of America and the Cleveland Library.

Miss Henrietta Additon, formerly executive secretary of the Big Sister Association of Philadelphia, has been made a member of the Association's staff and she will have special charge of the development of the protective measures program. Miss Additon is a graduate of the University of Pennsylvania and was director of the Division of Women's Activities, U. S. Interdepartmental Social Hygiene Board. She also has been lecturer in Social Economy at Bryn Mawr College.

The Third Annual Institute of the American Social Hygiene Association will be held in Chautauqua, New York, July 9 to August 17, 1928, in cooperation with New York University, Chautauqua Institution and the Chautauqua Summer Schools. Dr. Thomas W. Galloway and Mr. Newell W. Edson of the Division of Educational Measures will give two courses in social hygiene at the Association headquarters in Kellogg Hall. Each course is to be credited by the New York University for two points. Programs of the courses to be given at the Institute may be obtained from the Association by those who are interested.

The Governor of Hawaii has invited Dr. Valeria H. Parker to attend as an official delegate the Pan-Pacific Women's Conference to be held in Honolulu in August, 1928. She is one of the thirty women invited and has been asked to speak on the subject of "Social Hygiene and Its Relation to Family Welfare." The purpose of the Conference is to bring together from time to time leaders in all lines of thought and action in the Pacific area to discuss ways and means for improving conditions and to bring about more friendly relationships.

The National Health Council has issued a new fifty-six page booklet containing a statement of its aims and activities together with similar statements for its constituent members. The 1928 officers of the Council are: President, William F. Snow; Vice-President, James L. Fieser; Treasurer, Linsly R. Williams; Recording Secretary, C.-E. A. Winslow; Executive Officer, Thomas C. Edwards; Washington Representative, Elizabeth G. Fox.

Any member of the American Social Hygiene Association may procure a copy of this statement by writing to either the Association or the National Health Council, 370 Seventh Avenue, New York, N. Y.

The American Medical Association meeting this year in Minneapolis, Minnesota, June 11-15, was another milestone marking the advance of interest and progress in medical and allied fields, with social hygiene receiving a goodly share of attention.

In 1927 the Section on Urology, with the American Social Hygiene Association cooperating, sponsored a section exhibit on gonorrhea in the male. To complete the emphasis on treatment of gonorrhea, this year the Section on Obstetrics, Gynecology and Abdominal Surgery arranged for a special exhibit on gonorrhea in the female again with the cooperation of the Association and under the supervision of Dr. Walter M. Brunet. The American Social Hygiene Association also had an exhibit consisting of placards, posters, charts, drawings and other display material illustrating public health measures directed toward the prevention and control of venereal diseases, with Miss Mary Edwards in charge.

### BRIEFER COMMENT

#### ANNUAL REPORT OF THE NATIONAL COMMITTEE ON PRISONS, NEW YORK.

The 1927 Annual Report of the National Committee on Prisons and Prison Labor, 4 West 57th Street, New York City, outlines in compact and interesting form a number of the constructive efforts in its field. On page sixteen it makes special mention of the need for more comprehensive venereal disease control efforts in penal institutions, and it cites the report prepared by the subcommittee consisting of Dr. Emily Dunning Barringer, Chairman, Dr. Louis Chargin and Dr. Walter M. Brunet. It is gratifying to social hygienists to read that "the demand for this report far exceeded the expectation, the public health officers of several states requesting it in large numbers for use in institutions other than correctional." We note with interest, also, that a second edition of this report is being prepared and will be ready for distribution this year.

#### BOMBAY SOCIAL SERVICE CONFERENCE. Papers—Bombay (India) Council of Social Workers, 1928. xix+24 p.

The first part of this report deals with prostitution, its economic and basic causes, and vigilance and rescue work. The second part of the report deals with the subject of village reconstruction and takes up the village plan as to housing, flood control, intellectual, moral and spiritual life and recreational facilities.

#### LEAGUE OF NATIONS.

The following list of recent publications of the League of Nations will doubtless be of interest to readers of the JOURNAL OF SOCIAL HYGIENE.

Traffic in Women and Children—Summary of Annual Reports for 1926, prepared by the Secretariat. (C. 28, M. 14, 1928, IV:1.) (C. T. F. E.

364.) 23 pp..... \$ .20

Advisory Commission for the Protection and Welfare of Children and Young People. Child Welfare Committee. Fourth Session, March 19, 1928. Protection of Blind Children. (C. P. E. 144, 1928, IV:4.) 22 pp..	.20
Advisory Commission for the Protection and Welfare of Children and Young People. Traffic in Women and Children Committee. Seventh Session. Report of the Jewish Association for the Protection of Girls and Women, for the Year Ending December 31, 1927. (C. T. F. E. 365, 1928, IV:5.) 8 pp.....	.10
Advisory Commission for the Protection and Welfare of Children and Young People. Traffic in Women and Children Committee. Suppression of the Circulation of and Traffic in Obscene Publications. Summary of Reports Received from Governments. (C. T. F. E. 369, 1928, IV:6) 8 pp.	.10
Traffic in Women and Children Committee. Seventh Session. Report by Madame Avril de Sainte-Croix, Delegate of the International Women's Associations. (C. T. F. E. 370, 1928, IV:7.) 12 pp.....	.15
Advisory Commission for the Protection and Welfare of Children and Young People. Traffic in Women and Children Committee. Report of the International Federation of the "Amies de la Jeune Fille" for 1927. (C. T. F. E. 371, 1928, IV:6.) 2 pp.....	.03
Advisory Commission for the Protection and Welfare of Children and Young People. Child Welfare Committee, Fourth Session, March 19, 1928. Report on the Work of the Child Welfare Committee on the Cinematograph Question, presented by M. F. Martin, Rapporteur. (C. P. E. 149, 1928, IV:9.) 13 pp.....	.10
Advisory Commission for the Protection and Welfare of Children and Young People. Child Welfare Committee. Fourth Session. March 19, 1928. Report by the International Labour Office on Family Allowance in Relation to the Physical and Moral Well-Being of Children. (C. P. E. 150, 1928, IV:10.) 26 pp.....	.25
Traffic in Women and Children Committee. Report for the Year 1927 of the Association of Catholique Internationale Des Oeuvres de Protection de la Jeune Fille. (C. T. F. E. 375, 1928, IV:11.) 2 pp.....	.02
SCHOOL HEALTH PROGRAMS FROM MANY LANDS. A Report of the Health Section of the World Federation of Education Association. New York: American Child Health Association and The Metropolitan Life Insurance Co., 1928, 209 p. 50 cents.	

Chapters deal with the training of leaders in the field of school health, methods of health education in schools and universities, school health activities of national health agencies and educational organizations and contribution of business groups to the school health program. Sex education in the home and school, by Dr. Thomas W. Galloway, is given eight pages in the report.

BY LAND AND SEA. Traveller's Aid Society, New York.

Under this intriguing title the Traveller's Aid Society, New York, issues a progress report on its activities through December 31, 1927. This publication is exceptionally interesting both as regards make-up and contents. The use of

large type, sketches, well-conceived graphs, and pertinent case stories makes this report stand out from a large army of its contemporaries.

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## FAMILY ADJUSTMENT TO THE DEMANDS OF COMMUNITY LIFE \*

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There are at least five major questions involved in the topic given me, each of which merits serious consideration. Manifestly, there is time only to formulate these questions, to indicate something of their implications to the individual and to society, and to present briefly for discussion an outline of what might constitute answers to them.

These five major questions are: (1) What Family?; (2) What is the implied change in the essence from yesterday's to today's community life as it affects the family?; (3) What demands are being made by the community life on the family?; (4) What is involved in adjustment?; (5) How is this adjustment to be achieved, that is, whose responsibility is it, and how can it be met?

First—*What Family?*

We are considering here, I assume, the monogamous family, that is, father, mother, and their children under the age of adulthood, or shall we say specifically, twenty-one years and

\* Address before the Northwest Conference for Child Health and Parent Education, Saint Paul, Minn., March 27-29, 1928.

under? It is fair to assume that if family influence is ever to accomplish results it will do so before the age of twenty-one.

While it cannot be done in this brief presentation, if the reasons for our acceptance of the monogamous family as the basic social unit are not clearly formulated in our own minds, this question should not be brushed aside, but should receive close study. Today's public discussion of it is influencing the attitudes of our growing youth, and it is incumbent on us to know actually if we have tested opinions, beliefs or convictions on it. Further, before criticizing the critics, one must sift, classify, and formulate his own arguments, else they lose effectiveness.

Second—*Implied change in essence of community life?*

Is it not that the interdependence of the members of the family in our generation and the interdependence of families between themselves, for recreation and for physical and mental needs, have disappeared? Community and family life themselves are experiencing growing-up pains.

No longer is it usual to reunite families of the neighborhood at Saturday night suppers and parties. Can't you hear the fiddle and the parlor organ in *Turkey in the Straw*, *Sweet Evelina*, *My Bonnie*, *Oh! Suzanna*, or *Polly Wally Doodle All the Day*? All the family, big and little, swinging gaily through the dance or lining up in the spelling bee, or eating from groaning tables. And it *was* fun. All day quilting bees, corn husking bees, Sunday visits of families, pop-corn parties, and molasses pulls are things of the past. Each member of the family now goes his different way, to the next village or city, to the scout troop, club, road house, or inn, 2, 3, 10, 30, 40 miles distant.

Thus, then, the essence of the present day community life with which we are dealing here may be thought of as a change from interdependence, first, of families on neighbor families and, second, of members of the same family, to independence for the basic needs of recreation and of physical and mental growth. The bond which holds the individual child and parent

to "home and fireside" and the individual family to the neighborhood has become distinctly tenuous and permits of floating, something in the manner of a kite when winds are high. The strings strain, tug, and pull.

There are several compounds in this essence. We shall isolate only three. One of these is an elixir which stimulates our emotions in a manner unknown a generation ago. This is found in the mass of efforts to attract and exploit the floating individual who is seeking, at most times quite blindly, to satisfy these released and awakened emotions, which, as yet, he does not fully understand.

A second compound can be thought of as the loss of a neighborhood standard of conduct or a lessening of influence on the individual of public opinion due to the widening of the borders of the neighborhood. The neighborhood of yesterday, and hence of our generation, covered a small surface area compared to that of this generation. To be trite, the difference is actually that of difference in rates of speed and degrees of physical comfort in transportation. We have allowed this change almost to eliminate the former social attitudes exemplified in the chaperone. We are leaving the growing child practically to the sole influence of others of his own age period or of adults whom we do not know. The adult, released from the continuous attention to multiple needs of the family, is set more or less adrift to seek a substitute on which to use his surplus energy and time.

The third compound in this essence is that the parents of today grew up in social conditions differing more greatly from those surrounding their children than any generation of parents has yet done. They find it difficult to sense the fact that methods used by their parents are inadequate to meet the situations encountered now by their children. Thus greater demands are being made of parents today than in past generations. We are pressed harder perhaps than are our children because we must acquire in adulthood information and controls—a process which belongs to growing-up years.

It would seem that the methods of rule of thumb or, if you will, of superimposing the acceptance of rules of conduct by authority, which was practiced by our parents and their parents before them, work only when there is such interdependence that those in authority are hourly present and can thus lessen contacts with outside situations, persons, and conditions whose influence might obtain the stronger hold. In other words, in past generations the community set the goal for the individual and the standards of conduct by which to attain it. Today the individual must carry with him the sense of his goal and the standard by which he will achieve it.

It is easy to place the responsibility for this change on that rather vague thing "social conditions." *Are we then puppets that we must dance to the strings manipulated by social conditions*, or shall we break those strings and stand in the integrity of our own souls—our personal dignity, as it were? Would we turn back, if we could, to the apron-string period? No. Then must we not apply ourselves to the securing of an understanding of the human emotions, of their implications to the happiness of the individual and his obligations to the race, and techniques for their inner control, so that the individual—adult and child—may find his adjustment even in the midst of changing social conditions?

Third—*Demands made by the community life on the family?*

What is the demand, then, growing out of this change in community conditions? Is it not just this demand for inner control and direction which was not so poignantly felt in our growing-up years because outside authorities—the family and the community—were ever present? In terms of our topic this is adjustment.

Fourth—*What is involved in adjustment?*

Adjustment involves two ideas, that of a goal or desired objective and a norm or standard by which one may direct his course in the attainment of the goal.

And this brings us to the questions, "Who determines what the goal is to be and what is the standard by which its achieve-



ment is to become possible?" These are our fifth consideration.

Fifth—*How is this adjustment to be achieved, that is, on whom does the primary responsibility rest and how can it be met?*

It would seem absurd to say that we expect a growing child to select its life goal, or even to attempt to deceive ourselves by such words as "freedom of self-expression" into believing that we *do* actually permit this. By providing the environment in family life and in community life we inevitably influence the selection of a goal. Some one then does help determine the goal for the children. Who, logically, should this "someone" be? Surely there is but one answer. The parents, father and mother. The birthright of every child is the guidance of its parents. The innate obligation of parenthood is to assume that guidance. Parents may be unable or unwilling to meet the responsibility, but they dare not side-step its existence in the manner of a Pontius Pilate. It is not so simple as that. Rather one should be a Solomon and seek knowledge and wisdom, so that one may know how to fulfill one's obligations as the head of one's family.

Now, as parents of families, what is our desired goal for our children? Some of us say that we wish our children to attain their highest possible personality development, no matter what that may be. This sounds well, but personality must develop around something. It is not an abstract entity.

We have no conclusive statistical evidence on the question, but my belief, based on observation and experience, is that the majority of parents wish for their children a satisfying marriage and successful parenthood. We seem to be convinced that right marriage and proper parenthood give the most adequate emotional and spiritual satisfactions. This lends itself to considerable discussion. We should be sure of its soundness before sponsoring it. Shall we proceed now, however, on the hypothesis that, by and large, the natural goal, resulting from our biological, physiological, psycho-

logical and sociological needs, is happy marriage and satisfying parenthood? This seems to be the great common experience of the human race, that which makes us all akin. We are here today because of it. Indeed, all of our social betterment efforts are rooted in it.

This, of course, does not mean that there are not a host of objectives, some of them major, some of them minor, all along the road to the end goal. For some individuals one of these may indeed become the end goal. But it is my hope that we can find a norm or a standard which will serve in the achievement of each.

I propose as a standard right choices and their technique. Social conditions may shift continuously, but this standard will point straight on to the desired objective or objectives. Further, this standard, pointed to the goal of happy marriage and successful parenthood, will inevitably for each individual lead along the road on which each of his other objectives is situated. Each objective involves social relationships except, possibly, in part for some rare humans who are geniuses, and these exceptions but prove the rule for the rest of us.

No human relationships demand such refining of adjustment and therefore more perfect technique of choice than do marriage and parenthood. The human soul, in the last analysis, is isolated. Marriage at its best probably provides the most perfect human medium for the possible meeting of two souls. Marriage at less than its best must also offer a perfect medium for spiritual unrest. Therefore, because it involves such possibilities of joy or of unhappiness, and the resulting influence on the parent relationships, the choice of a mate must be of supreme importance to the adjustment of the family life to the demands upon it. With what do our ever increasing number and variety of social agencies deal if not with broken or maladjusted family life? Why did our pulses here in Minnesota quicken at the honor recently paid to five of our master farm home-makers? Was it not that we sensed its deep significance to our family life ideals?

The science of conduct between us and our fellow men we term "ethics," and it involves constant choices. Choices in conduct which are right are so because they take their place in a general scheme or conception of life as a whole; that is, no choice is an independent thought or act. It has a relationship to other thoughts and acts which constitute the fabric of our life. Can we determine our conduct toward our fellow man or even toward animals and plants until we have an understanding of our relationships to them? Many persons accept with no thought whatever the relationship which is currently adopted. But, our present code of ethics has not always existed, nor does it now exist universally. As simple illustrations of this fact, does the modern agricultural procedure resemble that of the ancient tree worshiper? Why not? Because we have a different understanding of our relation to trees. Do we sacrifice our best lambs to God? Do we sacrifice our girl babies to our rivers to appease them in their overflowing? Do we in the United States still deal in slavery? Why not? Because we have a different understanding of our relation to lambs, to rivers and to human beings.

Can we afford to act without careful formulation of our relationships to others; that is, to have right relations must we not have a conscious philosophy of life?, a live, vibrating one that fits our whole concept of life and our daily activities? If we are to help develop these souls of our children, must we not have a plan, a blue print, as it were, by which to go? An architect builds a house. He first plans it. An artist paints a picture. He first draws it. A gardener plants seeds. He first marks out his plot of ground.

Thus, he who would help to guide effectively other people's choices must be able to give reasons for his own choices, that is, I repeat, *there is absolute need of a basic philosophy or religion of life.*

An agnostic must set up a clear case of *absolute* rightness, else he is lost in the questions of his children.

An atheist must be sure that he can explain all things to

his child on the basis of laws which have just happened to start and have kept going without central direction or motivation.

Personally, I am persuaded with Immanuel Kant that, even if we cannot prove by mathematics that there is a God, we have a conviction that He *is*, and this constitutes our proof of His existence. We have no method of testing our sanity if the world is a chaos rather than a cosmos. Our minds literally refuse to function on any other basis. Our individual interpretation of God or the name we apply to Him may differ, but ultimately it affects our idea of our relationship to our fellow men and thus our ethics or conduct.

Many of us have accepted, on the authority of our elders or, it may be, of our age peers, some philosophy or religion of life. This is not sufficient. We must actually have our own, else we shall lose out in the effort to help our children. The range of their questions knows no bourne, and at the beginning our children have confidence in our honesty and wisdom. Woe to us if we evade their questions or answer them untruthfully or are unwilling to admit frankly and without embarrassment that we "don't know."

What is a parent without a religion of life which actually works to do when the child says: "Who made God?" "How did the first man get on the earth?" "Why do they say that Jesus lives and yet say He is dead?" "How can they say He is in me when I am a little girl?" "Why do people go to church?" "Why don't you go to the same church as Aunt Mary?" "What does that mean that Janet (a dear school mate) is a Jew?" "Mother, the Chinese people (this brought home from school) are wicked. They haven't any God." "Mother, do you think the teacher was fair? It wasn't John who did it, it was Frank, yet she made John stay after school." "Wouldn't it be awful to live with somebody you don't love?" "Can you have a baby if you are not married?" "Mother, Margaret's mother is divorced. What is divorced?" "May I wear my best dress to school today?"

Harriet wore hers yesterday." "Chester has an ice cream cone every day after school. Can't I, too?" "Shouldn't I name Stella for captain the next time? She named me and I was elected." "I think Anna is getting to be my best friend—she likes to play with me." "I don't know what's the matter but Helen doesn't seem to like me any more. She doesn't play with me." "How does our soul get into our body." "Why should we not hate people?" These are real—too real to be left unanswered or evaded—questions of a little child I know rather intimately. Each of you can duplicate them. A world of ethics is involved in their answers. Attitudes which will affect a lifetime can there be set.

Parents too often are not vitally concerned over choices of their boys and girls as long as they are just children, but wait for the beginning of boy-girl relationships. This period coincides with early adolescence, when life is flooded with new interests and with new powers and when emotions are surging and unsettled—a magnificent period of life in which actions and thoughts count for future joy or sorrows. The choices which on the whole parents are troubled about at this time are choices of friends, of clothing, of conduct, and of leisure time activities. In this period of recognized rapidity of physical and emotional development we should not expect boys and girls to develop and master, over night, as it were, a technique of choice. Technique of choice is a development from infancy. They should have it fairly well developed before they arrive at this glorious period of multitudinous interests and opportunities.

In its development a good working motto might be "A choice a day." There are two things involved: correct information on things within the experience of the child and technique of choice within that range of experience. Else there is no choice but a super-imposed decision which contributes little or nothing toward later independent choice except as it might probably become a habit strong enough to resist the impact of outside forces. For instance, how can young

people *choose* their mates without knowledge of all the elements involved? If we are to give correct information at the time when the child's developing mind needs it, we must keep a clear channel for continuous communication between him and us. The findings of psychiatrists would lead us to believe that many parents do not succeed in this.

Do you know what has contributed most to the clogging up of this channel? Indications are that the inhibitions and taboos which we have built up around sex may be largely responsible for it. All other curiosity is generally permissible in children. Their questions on other subjects, if not answered correctly, do not meet with evasion, refusal to reply, indefinite postponing of an answer, or half or totally untruthful answers accompanied by such attitudes that the child loses his confidence in our honesty and wisdom or wonders if something is wrong about the subject. He then turns to other sources and acquires probably not only wrong information but unwholesome and mayhap vulgar attitudes which will affect his life choices. Why the loveliest thing in life—parenthood—is possible only because of sex!

Others at this conference have the opportunity to tell you what that correct information is, when to give it and how. The important point is that parents must begin it before the child has an opportunity to acquire wrong information and unwholesome attitudes from outside sources. Later, of course, this education in the home should be supplemented by the school and the church.

The when and how to give it constitute three-fourths of the task because it is there that attitudes are builded.

Children are more logical than adults because they are not yet entwined in veils of inhibitions. They recognize with startling clarity the results of actions which follow their conscious choice. To illustrate, for our little ones such choices as: Putting away the playthings or not playing with them for a day—A story or a song?—Which story, or which song?—Will you have James or Anne to play?—Help mother and

she can play longer with you—An apple or an orange?—This red rubber ball or that yellow one?

For those a little older: Which of these two dresses will you wear? Shall we make a cake or buy one?—Which kind shall we bake?—What kind of frosting?—What dishes shall we use for tea?—Where shall we have our tea?—Where shall we hang this picture?—What color shall our new cushions be?—Five or ten cents weekly allowance, how to spend it?—Flowers for the loved teacher? Yes, out of your allowance.—Thirty minutes to bed time, story or game?—Which game?—Which story?—Shall I read it or shall you?—Where to put books?—Go to the Art Institute or to the park? A more serious one: Would you rather pay more attention to your food or table conduct or eat alone in your bedroom or at a small table?

For those still older a variety of choices normally present themselves. Thus little by little, but surely, a technique of choice is developed, graded to the experience and needs of the growing child.

The following incidents illustrate what happens all around us when such techniques are not inculcated:

“I can’t get Mary to read good books.” No? When did you begin trying? After you had permitted her taste for unwholesome literature to develop?

“I have told Jane she can’t go with Ann. I don’t know why she chooses such undesirable friends.” No? You don’t know? For what reasons is Ann so undesirable? When did you consciously begin building Jane’s tastes so that *inevitably* she would seek wholesome friendship? Did you encourage neighborhood children to come to your home so that the logic of your child would draw unto him those of his age peers who fitted into the home environment?

“John spends all his time at the moving pictures or on the street, or with undesirable friends. We can’t persuade him to stay at home.” Does he? What have you done to see to it that home is the most interesting place in the world

for a boy and his friends? Are the objectives of home life to develop children or solely to give parents satisfaction? Of course the right development of the child includes help in acquiring consideration for the parents, but the child's future is at stake and therefore the parents should find their satisfactions in such ways as to further the child's actual needs.

"Barbara is so difficult. She sulks because we can't afford to give her a fur coat, or permit her to wear silk stockings, and because we object to lipsticks. She insists that all the other girls stay out until 12 and 1 o'clock." Oh! then you did fail in developing good taste, simplicity, and confidence in your judgment. From the time she was a little girl you did not help her to see that because you had lived longer you sometimes had to protect her against things unknown to her; that, if you did not, she would have a right to blame you when she grew older and that you could not permit this; that she knew that you cared more than any one else could about what happened to her.

Now let us suppose that the parents, both of them, have made it their concern to give to the child correct information about the processes of life as well as about other things and to create right attitudes toward it; that they have developed technique of choice within the experience of the child; that they have tried to define clearly for themselves the goals; that they have provided the right family environment up to the time that the child goes out into the community. Not a parent among us but has watched with racing pulses that little child as it went eagerly out to meet life on its first day of school. Why? Because we know that influences beyond our ken will be at work upon him, that our task will now require our most subtle skill. You can all recall a picture similar to a little child of some three and a half years pausing, one foot on the lower step of the stairway to the class room, "Is the teacher nice and good?" "Yes, dear," you reply and then with confidence the child mounts the stairway and passes into the class room with no backward look. Three



hours later you return and find the child so exquisitely absorbed with the other children in important enterprises that, for the first time, your presence is actually an interruption.

As he grows older the range of influences broadens. We can know what they are and, therefore, how to interpret them to him only if we have kept open the channel of communication between us so that we catch the ebb and flow of thoughts and interest activities. Can we in any way determine the influences which close in about him? To protect him, it is not "*Can we*"; it is "*We must* assume some responsibility for providing community environment which is conducive to right choices." We know that if we can help him over the stress and urge of the adolescent period there will be less chance of wrong choices afterwards.

What is a minimum program of *community* protective social measures in this safe-guarding of childhood and adolescence and for which we, as parents, must assume some responsibility? In extremely brief outline, this program should include:

1. In our schools—safe-guarded recreation, properly supervised toilet facilities, visiting teachers, psychiatric and psychological services, adequate instruction in physiology, biology and psychology as they relate to ourselves as well as to animal life, qualified and adequately trained advisors for boys and girls in junior and senior high schools, and perhaps most important of all, teacher-training facilities which will give an understanding of life needs to those who influence our children one-half of their waking day, with sufficient monetary compensation to release their energies from too much economic preoccupation.
2. In our churches—trained leadership, particularly for the adolescent boys and girls. This is the golden psychological period for the inculcation of high ideals.

3. Recreation facilities.
  - A. In our publicly directed recreation, a program which will provide satisfactory outlets for leisure time of children, youth and adults, including adequately trained leaders.
  - B. Properly licensed and adequately supervised commercial recreation.
  - C. Supplementary programs of private civic and religious groups as exemplified in the Scouts, Girl Reserves, Hi-Y, Campfire Girls, and similar efforts.
4. Housing facilities to meet the needs of wage earning boys and girls who are living away from their families.
5. Vocational and trade guidance and training for juveniles.
6. Civic protective associations for girls and boys.
7. Qualified police officers, both men and women, trained for and assigned to the execution of the preventive functions of the police.
8. Proper courts for minors, including qualified judges, effective social and police investigation, adequate probation and proper detention homes, based on the standards prepared by a committee in conjunction with the Federal Children's Bureau and further set forth by national groups specializing in the various phases of the court machinery.
9. Segregation and training of the feebleminded.
10. Effective care for and social adjustment of the unmarried mother.
11. Adequate programs of reeducation in such correctional institutions as are essential in the treatment of delinquents.
12. A central committee of citizens alert to discover community needs in their various fields and methods and means of meeting them.

This is not a visionary program, nor is it an ideal beyond realization. It is a program each part of which is necessary if we are to provide the right community environment for our growing children. We cannot, if we would, keep them in a vacuum beyond possible contact with others. Therefore, it behooves us again to decide what environment outside, as well as inside, the home is conducive to the attainment of our goal and to provide it.

In résumé then, in dealing with the adjustment of the family to the demands of the present day community life, we are concerned with the monogamous family, that is, father, mother and children; we are faced with the fact that the essence of family and community life has changed from interdependence to independence; that the selection of a goal and a standard of conduct have passed from the community to the individual; that this change demands an inner control or adjustment; that this adjustment involves a goal and a standard for its achievement; that the ultimate responsibility for this adjustment rests with the parents because they have the early and continuous education of the child; that to meet this obligation they must have a positive philosophy or religion of life out of which to answer the questions of their children; that correct information including that regarding the processes of life must be given and right attitudes or technique of choice must be builded and, finally, that parents must assume responsibility not only for the home but for the community environment.

## THE GREAT IMITATOR — A RADIO TALK \*

WALTER M. BRUNET, M.D.

Have you heard the story of the ostrich which when hard pressed by an enemy would stop and hide his head in the sand thinking that all would be well? This illustration is used so often that the phrase "An ostrich-like attitude" has become almost a standard example in speeches and papers. Those of us who are concerned with public health activities have the feeling at times that the genus *homo sapiens*—the human being—really out-ostriches the ostrich in many situations. Particularly is this true when some of the common disease conditions to which flesh is heir are discussed. There are many folks who say "Why should I have an annual physical examination? If I have a disease I do not want to know it." There are others who feel that some diseases should not even be mentioned in polite society.

Imitation is said to be the sincerest form of flattery. We have such deceptions in the commercial world, in nature and in disease. An article with a well known trade-mark is often imitated by unscrupulous dealers and given to the public as the genuine.

In a fashion, birds, bugs and other creeping things assume the dress of the plants and flowers among which they live—this protects them in a measure from their enemies. This is commonly known as camouflage.

In disease conditions there are a number of ailments which imitate others. Particularly is this true in the acute contagious diseases seen so frequently in childhood. Scarlet fever and measles have much in common in the first few days of illness. Chicken pox and small pox have symptoms which are confusing in their early stages. Diphtheria and tonsillitis act somewhat in the same manner, in their beginning, and pneumonia often starts just like a common cold.

\* This simply-worded popular talk on syphilis and gonorrhea was broadcast from WEAJ last May under the sponsorship of the Social Hygiene Committee of the New York Tuberculosis and Health Association.

While the whole world is striving to cut down the frightful toll of life taken by such diseases as tuberculosis, heart disease, cancer and pneumonia, a greater killer than any one of them is permitted to carry on its destruction almost unchallenged. Syphilis is a disease which can be rightfully classed as among the chief enemies of mankind. This infection which is a germ disease has existed and taken its toll of misery and death for many hundreds of years, first because of ignorance of the nature of the disease and its cure, and now because the knowledge which science has made available for its prevention and cure is not put into use. The disease could be stamped out in this generation if all of the proper measures could be applied with 100 per cent efficiency.

This disease is caused by a germ which may enter the body at any point, through a break in the skin or linings of the body. The germ is so small that a microscope is necessary to see it, and an opening which the eye cannot see, is all that is sufficient for its entry into the body. The moist surfaces of the body are especially susceptible. The germ of syphilis is called the *Spirochaeta pallida*, the first word describing its corkscrew shape and the second the extreme difficulty with which it can be stained with dyes to make it visible. This germ has another interesting feature—it belongs to the animal kingdom, whereas most of the other germ-causing diseases in man belong to the plant family.

The germ of syphilis is hard to kill once it has entered the body of a person, but its life is very short when exposed to sunlight and drying. Even soap and water, when properly used, will kill it. Many contagious diseases require special conditions for them to be passed from person to person. In typhoid fever, water, milk or the common house fly are usually responsible. In malaria fever, it is the mosquito. In plague it is the rat flea.

Syphilis also has its special carrier and the spread of this disease is most often attributable to the women of the underworld. The majority of these become infected with the disease

and spread the infection. While most cases of syphilis are acquired by direct contact with an infected person, the disease may also be communicated innocently. The husband, who has become infected, may give the disease to his wife. Syphilis may be passed from an infected person to a non-infected one by kissing. Fathers and mothers have unknowingly infected their children by this and other means of close contact. There are other ways in which syphilis may be innocently acquired, but under the conditions of ordinary life, it requires usually close, intimate, personal contact for it to be contracted.

Everyone should know these facts so that they may be forewarned of these certain dangers, not only to themselves but to the future generation. This disease can be transmitted from parents to children, and at certain stages of the disease the germ can be transferred from the mother to the child before birth. The child so infected may have all the complications of the disease, and eventually die of it unless certain measures are taken to overcome it. However, thousands of little unfortunate children live on with defective bodies or minds, blind or deaf. It has been shown that, if a mother suffering from the disease is given regular treatment before her child is born, the chances are great that the baby will not have the infection. Many people do not know that this disease can be transmitted from parent to offspring, and that early and careful treatment will prevent the disease being passed to their children or other persons.

Syphilis is all the more insidious because at times those suffering from it do not know that they have it; that they may be a constant source of danger to others. It is impossible for the lay person to detect those who are suffering from it. It has been popularly supposed that the victim wears the badge of his misfortune and that the condition of his skin proclaims to the world his illness—but this is not so. The skin may or may not be affected, and sometimes those who are suffering from the most severe attacks of the disease show

skins without a blemish, and are able to carry on their daily occupation. The disease can only be detected by most searching medical examination. It is well known to physicians that many persons who are apparently suffering from some other illness are in reality the victims of syphilis—quite unknown to themselves.

The story is told of a young college student who was feeling ill, consulted his physician, and it was found that he had all the symptoms of syphilis; but he declared that in spite of his condition it was impossible for him to have acquired this infection. A careful study of the case showed that his room mate had syphilis and that his use of his companion's pipe caused his infection. So general is this infection suspected as being the cause of illness, no matter what symptoms there are, that most of the hospitals in the country and many of our leading physicians make a blood test as a routine in their practice in making a thorough physical examination. It has been estimated that some 5 to 40 per cent of all the cases in the hospitals of the country are found to be suffering directly or indirectly from this disease.

This infection has been rightfully called "The Great Imitator." There is almost no disease which it does not use as a mask. Some of the most common conditions which it mimics are rheumatism, eye, skin and throat trouble, and diseases of the heart, lungs, kidneys and brain.

In many cases the first symptoms may be so slight or so concealed that the patient does not recognize them. Usually from one to six weeks after infection evidences of the first stage appear and after an interval of several weeks the second stage begins to show. Frequently, this stage of the disease is ignored and the opportunity to treat the individual and to protect the public is lost.

Skin eruptions take so many forms that no one except an experienced physician is competent to say that syphilis is the cause.

Usually these first early signs and symptoms disappear,

leaving no visible trace, and there may be no hint or warning for months or even years to come. The person who has been previously infected may find that he is suffering from some mysterious ailment; that he is tired without cause; that his vitality is low; that the organs of his body are not responding properly to the demands placed upon them.

Other diseases sometimes get well without treatment—syphilis usually does not. If neglected, it not only entrenches itself in the system, but often leads to afflictions which are virtually incurable.

All too often the enemy—ignored—disappears within the body into the heart and great blood vessels, the abdominal organs, the central nervous system, and the tissues of other vital organs where it remains apparently latent for months and even years without giving warning concerning the impending fate of the sufferer.

The walls of the arteries may become hardened and inelastic, bringing a long train of ills. But perhaps the most tragic of all these effects of syphilis are the attacks upon the brain and spinal cord. Loss of mind due to softening of the brain often results. Locomotor ataxia, with a slowly developing loss of control of the arms and legs and other parts of the body, is one of the end results as well as paralysis due to the bursting of a blood vessel.

Syphilis can be cured—but not in a week or a month. The patient must be under the care of a competent physician for one, two, three or more years before he can be certain of his cure. He must receive periodic treatment with such drugs as his physician prescribes. He must have blood and other tests at intervals in order to measure the progress of his disease and its cure. The physician will give him rules to follow at home, to help with his cure, and to prevent transmitting his disease to innocent persons. His symptoms may disappear, so far as he himself can recognize, and with the disappearance of superficial signs he all too often thinks he is cured. The disappearance of “symptoms” does not mean that the germs



which have penetrated the innermost parts of his body have been killed. The symptoms may come back, and in a more painful and dangerous form. Only the physician can tell when the cure has been effected.

Comparatively few realize the importance of consulting a physician as soon as possible after symptoms appear or as soon as they have reason to think they may have been exposed to danger. There is no reason why anyone should permit one of these scourges to drive him insane, smite him with blindness, paralysis or locomotor ataxia; ulcerate his tissues, give him chronic rheumatism and stiffened joints or reduce his vitality and make him an easy prey for other crippling and killing diseases.

No two cases are just alike. The laboratory and the microscope should be used as aids in diagnosis, and any treatment which does not include this aid is incompetent. All through the period of observation and treatment that follows, regular laboratory examinations should be made of the blood, of secretion, and of the spinal fluid.

When after a year or more of persistent treatment the repeated tests and examinations show "negative" findings, the patient may hope that a cure rather than an arrest of the disease is being accomplished. He may be discharged as cured after several years' treatment.

Osler, the great physician and teacher, said that syphilis deserves to rank as the greatest killing disease. Statisticians say that about one in ten of the whole population have had it. In women and children it is less frequent than in men.

It is responsible for many children being born diseased, most of whom die.

It is the cause of an important percentage of all insanity.

It is the main cause of paresis or softening of the brain.

It is the main cause of locomotor ataxia.

It is one of the causes of blindness.

It may cause apoplectic and paralytic strokes before middle life.

It is the cause of many abortions and miscarriages.

It is the cause of a large proportion of diseases of the heart, blood vessels and other vital organs.

It decreases the length of life.

It greatly decreases one's earning capacity.

Because of fear of being branded with immorality, thousands of persons have made a tragic and needless sacrifice of life and happiness. Too often they appeal to the medical charlatan and the advertising quack. There is no "quack" way to cure syphilis. No one except reputable physicians or experienced staffs of hospitals and clinics is competent to give the skilled treatment that is required to combat venereal diseases. Many of the larger cities have dispensaries equipped with staffs of specialists, where free treatment can be obtained.

Self-treatment and the use of advertised bottled medicines or "nostrums" are not effective. Syphilis is a disease which can be cured only by complex drugs freshly prepared and administered by experts. The "quack" does not know what are the proper remedies to give, or how to give them. While the "quack" is administering the wrong treatment, the disease is spreading unchecked through the body of the infected person. While the patient thinks he is being cured, he is losing his money and his health.

Every person should have a competent doctor look him over at least once a year. Only a doctor can properly diagnose his physical condition. This examination will bring to light not only any constitutional disorders of the system, but also any evidence of serious diseases like cancer, tuberculosis, diseased heart—or syphilis.

Syphilis can be made a thing of the past only when mothers and fathers educate themselves and their children to understand how it is acquired, its insidious attacks, and to realize that the reliable physician is a friend to whom one should go immediately for assistance upon the first suspicion of having been exposed to danger. Only a knowledge of the facts will prevent it.

Both voluntary and official organizations which combat the venereal diseases have adopted the name social hygiene because they have found that recreation and pleasant home life, education and character-training, protective and legal measures, and medical and health activities are all essential to success in defeating these dangerous enemies of mankind in every part of the world.

## SPECIAL SEX INSTRUCTION GIVEN TO STUDENTS OF A SOUTHERN NORMAL COLLEGE

KATHLEEN WILKINSON WOOTTEN

*The situation.* In the fall of 1917, the writer had the privilege of starting a Health Department in the Georgia Normal and Industrial College (now the Georgia State College for Women) at Milledgeville, Georgia, which was at that time a two-year normal college of approximately seven hundred students. The group represented a cross-section from the homes of moderate means of the state and was almost entirely from pioneer stock. As a whole the group was decidedly superior—healthy, happy, and cooperative to a high degree.

Since the administration wished every student to have some health work, the first problem to be met was the number and kind of courses to be offered. It was decided that the Freshmen would have a course in Personal Hygiene; and as an experiment, a course in the Care of Infants and Small Children should be tried out with the upper classmen. However, permission for the latter course was given by the President with the warning "Remember that you are back in the old South. Go slow!" The work for these two courses approximated nine college credit hours for two years. Then the college was put on a four-year college basis, which necessitated a change in requirements. The Freshman, three-hour Personal Hygiene requirement was kept; a three-hour course in Health Education for the Sophomore class was developed as

a requirement; and the Infant and Child Welfare course, called "Mothercraft" by the students, became an elective. (Other electives have been added until the college now offers a B.S. degree in Health Education.)

In spite of the fact that the college has grown to approximately fifteen hundred students and is now a member of the American Association of Teachers' Colleges, the "Mothercraft" course remains. Thanks to the influence and training of such leaders as Dr. Josephine Hemingway Kenyon and Professor Maurice A. Bigelow, the course has escaped criticism and remains a popular elective course—(four-fifths of the graduates of the institution from 1917–1928 have taken it). In some instances, three to five sisters have taken the course in succession while many old students have expressed appreciation for the course and insisted that it be continued.

*The need of sex instruction for maturing young women.* This course was evolved because the writer realized from personal experience, observation and close contact with many girls and young women and also from extensive data that most girls are grossly ignorant of fundamental facts in sex education and that this ignorance is rarely complete innocence but rather a partial knowledge mixed with dangerous inaccuracies and inuendoes which are apt (1) to endanger their own physical, mental and emotional health; (2) to endanger their relationship with boys and men; (3) to endanger the health of children who may be in their care; and (4) to endanger the whole social structure.

*Objectives for sex instruction of girls and young women.* The course in Mothercraft was organized with the hope that it might lead girls and young women to the realization of the need for better physical health; for more wholesome attitudes toward life problems; for higher ideals and standards of living; for individual responsibility for child welfare. The last objective is not necessarily based upon physical parenthood but upon the personal responsibility of all adults for all children and for racial and social betterment.

*Content tested in course of study.\** The material presented in the above course is extensive rather than intensive—panoramic rather than microscopic. The topics included are given in serial order approximately, as follows: personal health problems of women and girls, 6 talks; embryology with emphasis on female reproductive organs and human embryology (references—Cady, "The Way Life Begins"; Gray, "Anatomy and Physiology" and other standard biology and physiology references; 3 talks with lantern slides; prenatal care, 12 talks; infant care, 12 talks; the preschool child, 12 talks, references—Bulletins, "Prenatal Care", "Infant Care", and the "Preschool Child" by Mrs. Max West, published by the Children's Bureau, books by Baker, Kenyon, Kerley, Holt, and articles from "Children" and other standard magazines on a variety of infant and child welfare problems as enuresis, masturbation, temper tantrums, posture, etc.; the child mind briefly; heredity and eugenics; environment; some problems of the modern home and modern society.

*Methods of procedure.* The lecture method, supplemented by varied illustrative material, is used exclusively from the beginning of the course through the section on prenatal care. This is done because the writer has found that girls and young women will listen without embarrassment to the frankest presentation of facts on sex, leave written questions on the desk, and come for individual or small group conferences; but they do not seem to find it easy to answer direct questions or enter into class discussions on human embryology or prenatal care. This is probably due to lack of the right kind of biological training, lack of home training or the effect of taboo in childhood and early girlhood. Whatever the cause there is no excuse for adding more stress to a problem that is difficult at best. A written test follows each section of work.

\* For detailed discussion of course see Wootten, Kathleen Wilkinson, "A Health Education Procedure," National Tuberculosis Association, 370 Seventh Avenue, New York, N. Y., Chapter xxxiii (1926). Also "Mothercraft, A National Need," Bulletin, Georgia State College for Women, Milledgeville, Ga. (1919).

After these tests the list of errors made is carefully checked for the benefit of the entire class.

Beginning with infant care, class discussions, individual reports from parallel reading, debates, individual and group project problems are worked up by students. Demonstrations of baby's bath, preparation of baby's food, etc., are made and later practiced by students.

The instructor is always ready to answer questions. This is done in class and through individual conferences, arranged to fit needs of the individual or the small group. Any question that comes up is answered frankly and as fully as it is warranted. The only question that the writer to date has not felt should be discussed in detail with undergraduate students is that of birth control. When the question arises the answer given in class has been approximately as follows: "It is possible to prevent conception and because of a recent pregnancy, ill health, a poor inheritance or economic pressure it may be wise, but I feel that this is a question that should be solved by each couple with advice of their family physician". The author has been criticized because of this attitude by one or two authorities who feel that the young people should have the whole story, but she remains of the same opinion as far as the undergraduate student is concerned even if it places her in the moralist group rather than with the scientific group. For what might be done to develop high standards over a long period of time with one's daughters or nieces, might not be so successfully accomplished with a large group in a very limited period of time. Facts are convincing but facts without ideals do not always lead to high standards of behavior. The latter should be the goal of all sex education.

Indexed note books are kept throughout the entire course. A large commencement exhibit of child welfare posters and projects always adds interest to the course. The permanent exhibit of infant care, prenatal care and preschool child posters, the layette, baby books, equipment for baby's bath,

feeding, etc., is always a matter of pride and interest to the entire student body.

*Conclusion.* It is the writer's belief (1) that a simple clear-cut, unaffected manner of presenting facts pertaining to sex hygiene will always bring a wholesome reaction among young girls and young women; (2) that girls and young women feel the need for and wish for information on this subject; (3) that the term sex education might be avoided to advantage except when such topics as the training of parents to teach the truths of life to children are discussed; (4) that the venereal disease and prostitute problems should be discussed clearly but quite briefly; (5) that girls and young women become more thoughtful, self-controlled, self-respecting, and efficient members of society when they are given an opportunity to study all of these problems that are so closely related to their own lives; (6) that courses of this type, or at least some training along this line, are more needed in high schools than in colleges, (a) because it is the little Junior and Senior high school girl who is more tempted in her ignorance and lack of self-guidance than the older girl, and (b) because many high school girls do not go to college (no doubt many tragic mistakes could be prevented if the young girl were adequately protected by knowledge); (7) that training the mothers of tomorrow along the line of sex education will put sex education back in the homes where it belongs.

The author believes that for the present the only justifiable arguments against a sex education course as complete as the one outlined for either high school girls or young college women are as follows: (1) the fact that it is the rare teacher who has the necessary scientific background and personality to give it; (2) that such correlated subjects as home economics, biology, physiology, personal hygiene, sociology and psychology might each contribute its part to sex education without directing the student's attention so directly to it, if the faculty as a whole had sufficient training and possessed the tact it takes to give it.

The author further believes that adequate home instruction in sex education is far superior to school instruction and parents can fit themselves for the task if they will stop playing ostrich and open their eyes to the need and begin training for their part in the program. That many parents are doing this and that the young people themselves have a franker, more wholesome attitude toward these problems, are the encouraging signs of the day.

## THE SECOND GRADE VISITS A FARM

“How doth the little busy bee  
Improve each shining hour—?”

This classic of our childhood days raises but one of the many interesting problems which children want to know more about. Birds, bees and animals, with their seemingly odd habits and funny antics, are more familiar to the farm-bred child than to his little city brother. A few hours on the farm, therefore, may furnish many valuable object lessons for the city child.

What a group of six to eight year old pupils of a city school saw on their visit to a farm last spring and how they interpreted these sights are the subjects of this brief manuscript.\* The contents, contributed wholly by pupils, form a composite picture of the stories submitted. The title they selected was “Our Trip to the Farm.”

### OUR TRIP TO THE FARM

May 8th, 1928, the Second Grades of Noble School went to the Warrensville farm. We had the most fun. We went in automobiles. We had a beautiful ride. It was such a pleasant day. We went first to see pigs.

\* Mrs. Gertrude S. Hasbrouck, under whose supervision the work was carried on writes “When the visit was planned, no expectation was entertained that the children would see the birth of the pigs. Parents were present with the teachers, and all were members of my class in sex-character education.”



We all like to see the pigs eat. They ate garbage, orange peels, egg shells, potato peelings, apple peelings and cores, corn ears, hard poppy-seed rolls, coffee grounds, and many other things mixed with bran.

When the pigs were drinking water, one big pig jumped on top of another pig's back and tried to get some water, but fell off, just like hogs, for hogs are always trying to cheat each other out of everything, and to get it all for themselves. Once in a while a big pig would bite another pig's ear. The other pig would squeal.

Pigs eat in a trough. A trough is shaped like a tent turned upside down, only it is made of wood. It is supported by braces.

We saw baby pigs suck milk from their mothers. One baby pig was standing on his hind legs, his feet were on his mother's milk bag and he was sucking milk. The milk bag is called a teat. We saw five or more little pigs in a row lying down by the mother, sucking milk. Two little pigs were fighting for the same place. Maybe that bag had more milk in than the others.

The little pigs have no milk bags because they have no children. If the mother has no children, she does not have much of a milk bag. When a baby pig is going to be born, then the milk bags begin to grow. The baby pigs when just born have to be taken away from the mother at first, so she will not eat them. Then they are put in a box higher up than the pig to protect them for a while.

We saw little pigs walk under their mother's legs and try to drink, while the mothers were drinking. On the end of the milk bags are several nipples, about three on each bag.

Father pigs don't have milk bags like the mothers have, just as father birds don't lay eggs but mother birds do. At first a hen's egg is very tiny. There are masses of these tiny eggs in the hen's body. They grow larger and larger, get soft shells, grow longer, turn white with a hard shell, and then the hen lays the egg. But a baby pig is carried in the mother's

body until it is ready to be born. It has no shell, but it does start from a tiny, tiny egg in the mother's body.

As soon as the baby pig is going to be born the mother knows. She has been feeding it in her body through a tube that connects the baby to the mother. The milk bags grow and grow. The baby pig comes from the body of its mother through an opening under the tail. The opening gets larger and larger to let the baby pig out.

We saw a baby pig born. We saw a man take the baby in a cloth, wipe it off, take a knife and cut the cord from the baby pig's body, and then put in the high box.

Pigs are born with their eyes open. Babies are not. Baby pigs can see to go and get their food at once. They suck their milk from the mother's body real soon after they are born. They are also born with several teeth.

A man held a baby pig born at seven o'clock the night before in his hands, and he let us each take a turn holding it. It was soft, silky, and pinky white. The children loved it. Baby pigs can walk a little at once.

The older pigs have hard bristles. When they are full grown they are called hogs.

When the little pigs sleep, they sleep on top of each other, and they are so curled up they look like loaves of bread. Donald says they look like powder puffs.

They crawl over each other and use each other like pillows. Baby pigs are about nine or ten inches long when they are born, and oh so clean. But their parents roll around in the dirt and so they get very dirty. Baby pigs play hide-and-go-seek with each other.

Pigs have snouts. They turn up. They snort and grunt. The pig's ears are short and stubby. They have curly tails. They have cloven hoofs. That means their feet are in two parts.

A man said they killed twelve big pigs that day. They were killed for pork. Ham and bacon are pig's meat too.

We learned many things about pigs and we had a most interesting time.

After we left the pigs we drove on till we came to the cows.

We saw several silos. A silo looks like a big oat-meal box with a steeple. Corn stalks are cut up and kept in silos for the cows' food. This is wet down and is called silage. Silos are built at the side of the cow sheds. A silo has just one window. A machine is used to blow the silage through the window into the silo and it is packed down. The food is put in the silo to keep it from the storms.

When we went into the shed we saw many cows and calves. They were Holstein cattle. The calves do not have horns, just ears. When they drink they just have to put their noses to the plate in the drinking cup and just as they drink, the water comes. We turn our water fountains on with our hands. They press theirs with their noses.

Holstein cattle are all black and white, but the black and white spots are not in the same places. We saw one cow whose head was all white. She looked as though she had stuck her head in a bucket of milk.

When we heard the cows moo, they sounded like cannon.

We saw men milk cows. When they were getting ready to be milked the men tied the cows' hind legs together so they could not kick. The man sat on a little stool, and he tipped his pail so the cows' udders would point right into it. Then he would grab the udders and squeeze them quickly, going to different udders. As he squeezed the milk squirted into the pail. It doesn't hurt the cows, but the man squeezes until all the milk is out.

After being milked the cows again go to pasture and eat fresh grass and then they are milked again. The cows are milked three times a day, at seven in the morning, at three in the afternoon, and at eleven at night. At this farm all of the cows are milked by hand.

The prize cows give eighty gallons of milk a week, that is a little more than ten gallons a day. We saw several prize cows.

The buckets of milk were real foamy and a man strained it through a cheese cloth to be tested.

Some of the milk bags looked very large and heavy. A cow has only one milk bag but has about four udders.

We saw several bulls. They have rings in their noses so when the farmer wishes to lead them away, a rope can be put through the ring. One bull was very large. The bulls' horns were thick and kind of curved in.

One bull got mad out in the yard and kicked up the dust. He bucked the fence and then he went in.

Bulls do not have milk bags like cows. You couldn't milk a bull because he has no milk bag. The bulls are the fathers. The mother cow takes care of and feeds the baby calves. After the mother has fed the calf, after a while the calves are separated from their mothers, so they learn to eat other things, and then the milk of the mother can be used to sell again.

The mother cow and bull are not friendly enough to stay together long.

The calves kick up their hind legs when they run. The baby calf starts from a tiny ball in the mother's body. It grows and grows and takes the shape of a little calf just like the little pig does, and then when it is ready to be born it comes from the mother's body just as the little pig does.

We left Noble School a little after one o'clock and it was half past three when we returned. We had a very, very nice time, and we learned a great many interesting things.

Cows meat is called beef. We went especially to see Holstein cattle because we were studying about Holland.

## EDITORIAL

### LESS SYPHILIS MEANS LESS HEART DISEASE

One of the notable causes of illness and death in the United States is heart disease but heart disease is brought on in many and devious ways. Syphilis, for instance, is one of the main routes. Not only is syphilis "the great imitator" of other diseases but, in this and many other instances, it might well be termed "the great instigator".

Scientific and popular medical literature has dealt extensively with heart disease in recent years and the research data collected reveal some facts rather astounding to lay readers. When we learn, for example, that Doctors Stone and Vanzant in a recent report from Texas found syphilis the cause in virtually one-fifth (19.3 per cent) of nine hundred and fifteen cases of heart disease, we begin to realize one aspect of the spirochaeta's deadly potency. Even then, however, we have no full measure of the syphilitic factor in heart disease as the following paragraph from a recent authoritative article by Doctors Dudley C. Smith and Raymond D. Kimbrough shows. In this paper ("Syphilitic Heart Disease With Failure," Southern Medical Journal, August, 1928) the authors say:

"It is an established fact that heart disease is causing a relative and actual increase in morbidity and mortality in the United States. Syphilis is a prominent etiological factor in cardiovascular disease. Cohn states that 18 per cent is caused by syphilis. Wood, Jones and Kimbrough found syphilis the cause in 11 per cent of three hundred cases in Virginia and 6.67 per cent of three hundred and twenty-three cases in Massachusetts. Stone and Vanzant in a recent report from Texas found syphilis the etiological factor in 19.3 per cent of nine hundred and fifteen cases of heart disease. These figures probably do

not reveal the actual total incidence of cardiovascular involvement in syphilitics. Also there is a notable amount of syphilitic disease not recognized."

An advance in the application of known measures for the diagnosis and treatment of syphilis will mean a decrease in deaths from heart disease. This is the message that humanity is given and it is far more than a mere iteration of a hope. It is a *challenge* to the allied forces of health in particular to the official health agencies and to the practicing physicians. As it is worded in the quiet, well-considered and orderly verbiage of the scientist it reads:

"Since efficient, prophylactic and therapeutic measures are now available, it is reasonable to hope that this portion of heart disease will be eliminated. Perhaps no other form of infection leading to heart disease is quite so definitely preventable as syphilis, and the non-infectious types of cardiac involvement are at present largely beyond control."

But behind this statement of the scientist one can readily sense the thought, "Up guards and at 'em."

## SOCIAL HYGIENE BULLETIN

*Continuing the SOCIAL HYGIENE BULLETIN which was published  
as a separate monthly periodical from 1914 to  
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**Statistics of Marriage and Divorce.**—The monthly Bulletin of the Health Department of the City of Boston, June, 1928, publishes statistics of marriage and divorce, prepared by Frederick L. Hoffman, consulting statistician.

According to the report of the Census office for 1925, amplified by an advance report for 1926, the marriage rate of the United States per 1,000 of population is 10.2. The rate was 9.3 in 1900 and 8.7 in 1887. Unfortunately this report does not give either the average age at marriage with due regard to sex or other statistical data valuable to the public and the medical profession.

Statistics of divorce, which are a matter of great public concern, show an increase in the divorce rate from 0.47 per 1,000 of total population in 1887 to 0.86 in 1906 and 1.52 in 1925.

There is no more common error current in discussions of the divorce rate than to divide the number of divorces into the current number of marriages with decidedly alarming results. It should be obvious that current divorces are to only a small extent derived from current marriages, while the major number of divorces is derived from the existing married population. Furthermore, it is somewhat erroneous to calculate divorce rates on the total population instead of upon the married population. If this correction is made the divorce rate is increased for 1925 from 1.52 per 1,000 total population to 3.72 per 1,000 married population.

Using the more precise information available at the decennial interval of 1920 the total number of married males was 21,849,000 while the number of divorced males that year was 225,284 or 0.6 per cent of the total; the corresponding figures for the white females were: mar-

ried, 21,318,000; divorced, 273,204 or 0.8 per cent. These facts would indicate that divorces are by no means as serious a disintegrating factor in the American family life as is often alleged to be the case.

**Locating Sources of Infection.**—An article, "Supervising Venereal Disease Carriers," by Raymond S. Patterson, Ph.D., Chief, Bureau of Venereal Disease Control, New Jersey State Department of Health, published in the *American Journal of Public Health*, August, 1928, stresses the importance of the recently infected person as a disease carrier.

For many years, although the study of communicable diseases and the detecting of sources of infection and contacts were accepted as a function of the health department, there remained nevertheless a feeling that it was a misfortune to have diphtheria and almost a disgrace to have tuberculosis. If reticence was felt in reporting these diseases, how much greater was that felt in regard to reporting syphilis and gonorrhea.

Before the War there were few venereal disease clinics, the prevalence was not known, and but little was done to locate infectious persons. War measures consisted in an extension of the meager medical facilities, an educational campaign, and the repression of commercialized prostitution.

Clinics are essential, but medical treatment facilities alone without social service are an ameliorative rather than a preventive measure. Sex education is important, but information about the dangers of infection will not deter all persons from exposing themselves to these diseases. Vice measures are likewise indispensable, yet police repression cannot prevent clandestine prostitutes from spreading infection. New Jersey carries on these lines of work but supplements them by "a determined effort to find, through epidemiologic methods, the relatively few infected persons who are sexually promiscuous."

Physicians and social workers in greater numbers are responding in the matter of obtaining information about the source of infection from patients recently infected.

Reports are sent direct to the State Department of Health and, on receipt of information, the State Department sends to the local health board the name and address of the suspected person. This is done without reference to the name of the reporting physician or his patient.

The venereal disease social worker, nurse, or inspector investigates



the report. If the person is located inquiries are made, and he (or she) is informed that he (or she) has been reported as suspected of being infected with a communicable disease and that the law requires the health officer to demand a physical examination either by the family physician or at the public clinic.

Tact is a prime requisite if information is to be procured; frequently state officials instruct the local officer in the best technic of carrying on an interview.

For the most part the health officials cooperate though occasionally one does not consider venereal disease follow-up a health function.

Other means of discovering cases are recognized, but the author does not attempt to elaborate on their usefulness. Summing up in his concluding paragraph, Dr. Patterson says:

“If we offer treatment only to those who seek it voluntarily, if we place too much faith in the influence of sex information upon behavior, if we think of sexual promiscuity in terms of vice districts, and neglect that ‘gold-mine’ information—the recently infected venereal case now under treatment—we are neglecting the most effective method of attacking today’s most dangerous preventable diseases—gonorrhea and syphilis.”

#### **Resolutions Adopted at the Pan-Pacific Women’s Conference.—**

Findings of the Pan-Pacific Women’s Conference held at Honolulu August 9–19, 1928, devoted a number of sessions to the study of the report of Special Body of Experts on the traffic in Women and Children, and the recommendation made by the League of Nations based on this report. As a result of this consideration the following resolutions were adopted:

(a) Women in countries of the Pacific should work toward an educational program which will help to prepare social workers for more effective service. Such recommendation is in no way reflecting upon the valuable work of large numbers of voluntary or untrained workers who are rendering unselfish and effective service in many places, but enabling those to secure special training in social service to receive it without the expense of travel to another country and enabling them to acquire field experience in those countries in which their services are to be rendered.

(b) That this Conference urges women of the Pacific Basin to do all in their power to influence their governments to carry out the

recommendations of the League of Nations' report on the traffic in Women and Children, including those urging the employment of women police and the abolition of state regulation and of Licensed Houses.

(c) That the Pan-Pacific Conference of Women is of the opinion that it would be of great value to the countries of the Pacific Basin if the body of experts on traffic in Women and Children of the League of Nations would continue to investigate thoroughly, conditions in these countries within this area which have not already been examined.

The Programme Secretary of the Conference was asked to forward to Dame Rachel Crowdy, Secretariat of League of Nations, the foregoing resolutions, that they might be used by her as soon as possible in her report to the League Assembly.

**Marriage Problems in Russia.**—"The Russian Revolution is more revolutionary for women than for men," says Mrs. Anne O'Hare McCormick in her discussion of Marriage in Soviet Russia, in the *Woman's Journal*, September, 1928.

This is due to the fact that they are more bound by the ties that must be broken if the Communist Society is to be established. For the most part women desire romance in love, permanence in the family and stability in the home. Equality for women is bad, but it degrades as often as it emancipates.

The new law recognizes any kind of union as marriage; no child born in Soviet Russia is ever illegitimate. To marry the couple may take time to register, but it is not necessary; to divorce, the only condition is that one of the partners desires it, as no marriage is held to exist without mutual consent.

Fortunately, while the Russian may marry and divorce as frequently as he pleases he is obliged to support his children and "while he lives in a country where his income is rigidly limited, where birth control propaganda makes little headway and the birth rate steadily increases he cannot be very promiscuous or uncalculating so long as the obligation to support the offspring of every union is enforced by the government."

Mrs. McCormick says also: "I came out of Russia with a very strong impression of an almost universal dissatisfaction dealing with marriage, the home and family. The one predication safe to make is that it will be changed." She adds, "It is important to remember that

the daughters of the revolution are comparatively few. There is always the other Russia, and there the majority of marriages and homes, such as they are, have held together for the same reasons, sordid or sublime, which yoke people elsewhere."

**Kahn Test at Serological Conference.**—Doctor R. L. Kahn, Immunologist of the Bureau of Laboratories, Michigan Department of Health, attended at the request of the League of Nations Health Committee the Serological Conference held at Copenhagen, Denmark, May 21 to June 4. Following the Conference he went to London to make some further tests. He has recently returned to this country and is to be Director of Laboratories at the University Hospital, Ann Arbor, and Assistant Professor of Clinical Bacteriology and Immunology of the University of Michigan.

At the Serological Conference five serum reactions for syphilis were considered—the Sachs-Georgi, Meiniche, Sigma, Vernes, and Kahn; the authors of the tests discussed and demonstrated their own methods. Reports of comparative studies with the different methods were given by Doctor Harrison of the Health Ministry, London; Doctor Hirszfeld of the State Health Institute, Warsaw; Doctor Otto of the Robert Koch Institute, Berlin, and other scientists.

Doctor Kahn presented the Kahn Precipitation Test for Syphilis. It is generally acknowledged to be one of the simplest of the group; it requires no incubation and possesses other important practical features. It has already been adopted as the routine method for the serum diagnosis of syphilis in the laboratories of Michigan, Illinois, and West Virginia, in the Provencial Laboratory of Nova Scotia, and in the city department of health laboratories of Detroit, St. Louis and Memphis.

**The Nurse and the Syphilological Clinic.**—Under this heading Grace Garrison Stanford writes in the *American Journal of Nursing*, September, 1928:

"There is no graduate or student nurse who can afford to be ignorant of the prevalence of syphilis in any sphere of work which she may enter. She will find it in its different manifestations and stages in hospital, school, industrial and public health nursing. It will also be met in child welfare, prenatal and private duty nursing. Its victims are found in every walk of life. No organ or tissue in the body

is exempt from this disease, and it may manifest itself where least expected. Osler said, in 1926, that as a cause of death in England, syphilis outranked tuberculosis. Stokes, in this country, claims that one out of ten of the population has syphilis in some form. Therefore, it is necessarily important that nurses be familiar with this widespread disease."

Following this statement are given methods of treatment used in the syphilological clinic at St. Elizabeth's Hospital, Washington, D. C.

Complete records of every patient undergoing treatment are kept. Two sets of cards are kept for filing: one gives date, amount and type of treatment, and serological findings; the other includes a summary of the patients' history, date of initial lesion, previous treatment and records of physical, mental and neurological examinations.

Student nurses of St. Elizabeth's Hospital and affiliates from other institutions receive instruction in this clinic. They are taught the technique of the various treatments and tests employed. Lectures on syphilis in its various forms and on the modes of therapy are given by the physician in charge.

**Marriage Rates of the Psychotic.**—This paper by Paul Popenoe is one of a series of articles on Eugenic Sterilization in California. Other articles in this series have been published by the JOURNAL OF SOCIAL HYGIENE. The following is a summary of the sixth paper published in *The Journal of Nervous and Mental Diseases*, July, 1928.

1. The marriage rate of the psychotic of both sexes is markedly below that of the general population of all ages.

2. While the male psychotic marry freely (though in diminished proportion) at all ages, the female marriage rate remains almost constant after the age of thirty.

3. Since three-fourths of all first admissions are aged thirty or over, it appears that a woman who is single on admission to a hospital for mental diseases, is even if promptly discharged, likely to remain single during the rest of her life.

4. A far-reaching program of sterilization must therefore find some way of dealing with these women in the pre-psychotic stage.

5. There is some indication that in women, the lower marriage rate is partly due to deliberate abstention from marriage, and not merely to failure to attract a mate.

6. Wide differences exist in the marriage rates of men with various types of psychosis.

7. The same variation is found in women, but one-third less than in men.

8. The marriage rate of sterilized patients with dementia praecox is lower than that of the manic depressives at all ages. The two curves do not show any other striking disparity.

9. In a small group of males with dementia praecox, the percentage having more or less normal heterosexual libido is much larger than has been reported in previous studies.

**International Health Activities.**—"International Health" is the first of a series of pamphlets which are appearing under the general title "The United States and the League." It has been prepared by Doctor Richard C. Cabot, Professor of Clinical Medicine at Harvard University. The article indicates that while the United States is not a member of the League, people in this country are affected by practically all of the League activities.

C.-E. A. Winslow, Professor of Public Health, Yale School of Medicine, says in his foreword, "In the field of Public Health it (the Health Committee of the League) has given the movement throughout the world a direction and a stimulus which is proving of incalculable value and whose influence will be effected in every health-conscious community in the United States."

Doctor Cabot says, "To many it is a new idea that the League of Nations is concerning itself with health. We think of it as a more or less successful attempt to prevent war. But clearly the framers of the Covenant of the League had reflected that positive international cooperation in every matter of mutual interest is one of the ways to prevent war by increasing international understanding, international usefulness, and international education."

The health work of the League so far has included: (1) Preliminary emergency work of the Epidemic Commission (against the post-war epidemics of Eastern Europe), 1920-23. After the war when Russia and Poland were having epidemics of typhus, malaria, and relapsing fever the rest of Europe was also menaced. It was mutual interest which provided money and energy to fight these diseases and to carry out health measures.

(2) Building up the Health Organization of the League of Nations under which falls the work of:

a. *Epidemic Control.* Until the organization of the League's Health

Committee there had been no organization which had been able to secure and publish information about diseases epidemic in the Far East, the sailing of infected ships, the great pilgrimages and other media of infection.

In March, 1925, a station was established at Singapore to receive by wireless, reports of health conditions from the neighboring countries. The information is cabled to Geneva where similar reports are received from Europe and America.

b. *Interchange of Health Officers.* Groups of health officers visit different countries to study methods used to prevent the spread of disease. The tours are followed by conferences. These tours are practical since progress in public health work is so rapid that interchanges between all parts of the world are necessary if all countries are to reap the benefits of what each is learning.

c. *Opium.* So far little progress has been made in the international campaign against the habit-forming drugs. Japan and Italy both are working to curb this evil; and the medical and scientific needs of the civilized nations have recently been agreed upon.

d. *Malaria.* The League Commission on malaria has made several tours and studies in the countries especially plagued by malaria. During 1926 and 1927 the Malaria Commission has given help in Albania, Corsica, Yugo-Slavia, Spain and other Mediterranean countries.

e. *The International Standardization of Drugs and Sera, etc.* An agreement has been reached and world-standards of strength and dosage determined, in regard to diphtheria antitoxin, insulin, thyroid extract, adrenalin and digitalis.

Other problems attacked are: (1) that of greater international uniformity in vital statistics and the terminology of disease, and (2) the campaigns against cancer, tuberculosis, African sleeping sickness, rabies and leprosy.

Doctor Cabot concludes: "I believe that the health work of the League will continue to be one of the subjects on which the nations of the world can most effectively work together. The basic fact is that their interests are here substantially identical and inseparable—because of the indifference of rats, lice, mosquitoes, and bacteria to national boundaries, and the easy spread of these pests by ships, trains, and every known means of travel. These facts will, I think, make the nations (both in and out of the League) wise enough to cooperate

for mutual aid. And once accustomed to help each other in this matter it will be easier to agree and harder to quarrel about the other problems which have hitherto led to war."

**World Hygiene Aided by Rockefeller Fund.**—The report of the Rockefeller Foundation of 1927, which has just been made public, shows that assistance has been given to eight institutes and schools of hygiene in as many different countries. Hygiene is emphasized in line with the Foundation's policy of stressing prevention as much as cure.

The institutions given aid were the School of Hygiene of the University of Toronto, Canada; the Institute of Hygiene of Sao Paulo, Brazil; the London School of Hygiene and Tropical Medicines; the State Institute of Public Health of Prague, Czechoslovakia; the State Hygiene Institute of Budapest, Hungary; the School of Hygiene of Warsaw, Poland; the School of Public Health of Zagreb, Yugo-Slavia; and the State Institute of Hygiene at Oslo, Norway.

The Foundation contributed \$250,000 to the Toronto School to be used as a part of its endowment. During 1927 it finished payment of a total pledge of \$2,330,000 for land, building and equipment of the London School. The School at Zagreb received \$189,000. The amount contributed to the School in Prague was not stated, but the report tells of the success met in the distribution of sera and vaccines needed there in fighting disease.

The assistance given the schools of hygiene is but a part of the worldwide battle against disease in which the Rockefeller Foundation is taking part.

**Texas Better Health Special.**—A special health exhibit train, furnished and equipped by the Missouri Pacific Railroad, was recently operated for a month in Texas. The train consisted of two exhibit and two lecture cars and cars to accommodate the staff of twelve to fifteen physicians, sanitary engineers and technicians. The Texas health authorities, local physicians, and the U. S. Public Health Service and other federal agencies furnished exhibit material and personnel to conduct lectures and demonstrations. The train traveled more than 2,500 miles during the month's tour, stopping at 115 towns and cities and was visited by 70,000 people.

**Ages for Legal Marriage in the Philippines.**—Boys under sixteen years of age and girls under fourteen in the Philippines may not legally marry. Before April 1, 1928, the legal ages were fourteen for boys and twelve for girls. The written consent of parent or guardian is required for the marriage of a youth under twenty or a girl under eighteen. The publication of bans or the posting of notice of application for a license to marry for ten days before the ceremony is also required by the new marriage law.

**Child Study Conference.**—The Child Study Association of America will hold a One Day Conference to celebrate its fortieth anniversary. The sessions will be held at the Hotel Pennsylvania, New York, on November 20.

Parental education and child study will be considered. Among the speakers will be Mr. and Mrs. Felix Adler, Mrs. Sidonie Matsner Gruenberg, Mr. Porter R. Lee, Dean William Russell, Mrs. Henry Moskowitz and Dr. Edward L. Thorndike.

**Infant Mortality Rates Drop.**—The annual report of the American Child Health Association on Infant Mortality in Cities of the United States for the year 1927 shows that the infant mortality rate in the cities of the country has reached the lowest point ever attained, namely 64.9. The lowest previous rate was 72.2 in 1924. For the first time since the reports have been issued every city in the area concerned has been represented in the returns.

The infant death rate for 1927 is given for each of 716 cities of the country, 683 of these are included in the Birth Registration Area. In 1915 when the Birth Registration Area was first formed it consisted of only ten states and the District of Columbia, its rate was 100, at present it consists of forty states and the District of Columbia with the rate of 64.9.

Records were so incomplete sixteen years ago that few cities knew their infant death rate; approximately twenty-five at that time considered this information of sufficient value to file.

The report is published "for the purpose of acquainting the public with the present status of our infant mortality problem and with the hope that such knowledge may assist in the effort to meet this problem constructively."



**Adult Education Through World Literature.**—Preparation has started for another conference of the World Federation of Education Associations, according to an announcement by that organization. At the conference in Toronto, Canada, in August, 1927, which some 4,000 leading educationists from all over the world attended, the subject of discussion was the bringing about of world peace through education. The following resolution presented by the Adult Education Section was adopted:

Whereas the peace and happiness of the world depends largely on education, and

Whereas one of the most important means of education is that of the reading of the great literatures of the world (this includes music, art and drama), and

Whereas these great literatures have in them those correctives as to the values of life, which are needed to build up permanent communities of intelligent and happy people, which tend to strengthen the intellectual and spiritual qualities of character, and which keep alive with growing force, as citizens become older, the great ideals of honour, truth and justice, on which ideals alone, contented community life, national democratic life and world peace must finally depend, and

Whereas such a selection of literature is being constantly made more difficult by the increasing number of papers, magazines and books of doubtful and mediocre character-building value, which are being printed,

Therefore be it resolved; That we, the World's Federation of Education Associations, do advise the organizations herewith affiliated, to consider ways and means whereby the adult citizens of their constituencies may be encouraged to continue their education throughout, life, by

1. Making the great literatures of the world easily available to all adult citizens in both country and city districts.
2. By making provision for the advisory guidance of the reading of their adult citizens.

That through the messages of the great literatures of the world there may be diffused throughout every country and in every section of society, those ideals which will vitally mould the lives of their citizens, enkindle their imaginations, widen their interests and sympathies, and by the continuing process of education give them an inex-

haustible source of happiness and thus help to bring, by mutual sympathy and responsibility, a world peace, based on the great principles of honour, truth and justice.

**National Health Council Sponsors Health Publicity Courses.**—Courses are to be given in Methods of Health Publicity at Columbia University during the period January 14–26, 1929. The work will be given under the auspices of the De Lamar Institute of Public Health in cooperation with the National Health Council. The instructor will be Philip P. Jacobs, Ph.D., Publicity Director, National Tuberculosis Association, who will be assisted by special lecturers.

The sessions will be held in the Russell Sage Foundation Building, New York City, the hours of meeting being from 10 to 12 A.M. and 2 to 4 P.M., including Saturdays.

Prospective students are invited to correspond in advance of registration with Dr. Philip P. Jacobs, 370 Seventh Avenue, New York, N. Y.

**Rehabilitation Conference.**—A National Conference on Vocational Rehabilitation of Disabled Persons was called by the Federal Board for Vocational Education at Milwaukee, Wisconsin, September 26–28, 1928. The program was of interest both to those directly engaged in rehabilitation work and to those in related fields.

**New York State Lecturers Busy.**—During the first six months of the current year, over 58,000 persons received instruction in social hygiene from the four lecturers attached to the Division of Social Hygiene of the New York Health Department. Six hundred and one audiences were addressed. The greatest number of persons, over 22,000, were students in high and private schools. Continuation schools were second with nearly 10,000 pupils, and Parent-Teacher Associations third with 5,000 members.

The demand for these talks has greatly increased, says *Health News*, as is shown by the fact that in 1925 a total of 620 addresses were given, while nearly the same number were given in the first half year of 1927.

During July, Dr. Albert J. Read, lecturer in the Division of Social Hygiene, lectured to boys at scout camps, the audiences aggregating 6,259. In many of the camps the health mobile was used to show motion pictures on personal hygiene.

Parents who happened to be present as visitors at some of the camps availed themselves of the opportunity to get personal advice on how to teach social hygiene to their boys, and many expressed themselves as pleased with the service the state is rendering in this field.

**Syphilis Research in Asiatic Russia.**—The Notgemeinschaft der Deutschen Wissenschaft, in collaboration with the commissariat for public health service (Department of Venereal Disease) in the Union of Soviet Socialistic Republics, and the Russian Academy of Sciences, has organized a medical expedition to Asiatic Russia.

The aims (as outlined in the *Journal of the American Medical Association*, September 8, 1928) of this German-Russian Syphilis Expedition are as follows:

“In Europe, the nature and course of syphilitic infections are influenced by the type of medical treatment that prevails and by the collective factors that are grouped together under the term ‘civilization factors.’ It is maintained that syphilis has taken on a different character in the older civilized countries. It is therefore of the greatest importance from the standpoints of therapeutics and environment to study in large groups of patients who have received little or no treatment while living under relatively premature conditions the pathologic manifestations of acquired and congenital syphilis in the skin, the internal organs, and elsewhere, and to compare the results with the present observations made in Europe. That is the proposed task of the expedition, the accomplishment of which will require the combined efforts of syphilologist internists, neurologists and serologists.”

**First International Congress of Mental Hygiene.**—The First International Congress of Mental Hygiene will be held in the spring of 1930 at Washington, D. C., according to the announcement of the organizing committee of the International Committee for Mental Hygiene.

**Special Rates to Chicago.**—Members of the American Social Hygiene Association who plan to attend the Chicago meetings from October 15 to 19 will be granted a rate of one and one-half times a single fare by the railroads from the starting point to Chicago and return.

To obtain the reduced rate it is necessary to obtain from the ticket agent a reduced fare certificate when purchasing your ticket for

Chicago. This reduction is available to all delegates and members of their families attending the Annual Meeting of the American Public Health Association, the American Child Health Association, the American Social Hygiene Association, International Association of Dairy and Milk Inspectors, and other meetings being held at the same time and place.

Ask for a certificate for the meeting of the A.P.H.A. and related societies. This certificate, when validated by the Executive Secretary of the A.P.H.A. at the Chicago meeting, will entitle the purchaser to a return ticket at half fare.

Detailed information regarding railroad rates and transportation will be sent on request to Association headquarters, 370 Seventh Avenue, New York, N. Y.

#### RAILROAD RATES FROM VARIOUS CENTERS TO CHICAGO

	Regular Rate One Way	Special Rate Round Trip	Lower Berth	Upper Berth
Atlanta, Ga. . . . .	\$26.72	\$40.08	\$8.25	\$6.60
Baltimore, Md. . . . .	27.78	41.67	8.25	6.60
Boston, Mass. . . . .	36.73	55.10	10.13	8.10
Buffalo, N. Y. . . . .	18.81	28.22	5.63	4.50
Cincinnati, Ohio . . . . .	10.06	15.39	3.75	3.00
Cleveland, Ohio (via Orrville). . . . .	12.71	19.07	3.75	3.00
Dallas, Texas . . . . .	34.36	51.54	10.50	8.40
Denver, Colo. . . . .	37.28	55.92	10.88	8.70
Detroit, Mich. . . . .	9.81	14.72	3.75	3.00
Indianapolis, Ind. . . . .	6.62	9.93	3.75	3.00
Jacksonville, Fla. . . . .	38.95	58.43	12.00	9.60
Kansas City, Mo. . . . .	16.54	24.81	4.50	3.60
Los Angeles, Calif. . . . .	79.84	119.76	23.63	18.90
Louisville, Ky. . . . .	10.80	16.20	3.75	3.00
Memphis, Tenn. . . . .	19.58	29.37	5.63	4.50
Minneapolis, Minn. . . . .	14.66	21.99	3.75	3.00
Nashville, Tenn. . . . .	16.32	24.48	4.50	3.60
New Orleans, La. . . . .	33.76	50.64	10.13	8.10
New York, N. Y. . . . .	32.70	49.05	9.00	7.20
Omaha, Neb. . . . .	17.93	26.90	4.50	3.60
Philadelphia, Pa. . . . .	29.46	44.19	8.25	6.60
Pittsburgh, Pa. . . . .	16.88	25.32	4.50	3.60
Portland, Ore. . . . .	77.21	115.82	23.63	18.90
Salt Lake City, Utah. . . . .	55.07	82.61	15.38	12.30
San Francisco, Calif. . . . .	79.84	119.76	23.63	18.90
Seattle, Wash. . . . .	77.21	115.82	23.63	18.90
St. Louis, Mo. . . . .	10.41	15.62	3.75	3.00
Toronto, Canada . . . . .	17.71	26.57	5.63	4.50
Washington, D. C. . . . .	27.78	41.67	8.25	6.60

A number of the Chicago hotels are listed with their rates. This is for the convenience of members who desire to plan ahead. Headquarters for the A.S.H.A. meetings will be the Hotel Stevens.

Applications for hotel reservations should be made directly to the hotels.

Hotel	HOTEL RATES Single		Double	
	With Bath	Without Bath	With Bath	Without Bath
Auditorium . . . . .	\$3.40-\$6.00	\$2.00-\$3.00	\$5.00-\$8.00	\$3.00-\$5.00
Blackstone . . . . .	5.00-14.00	4.00- 5.00	6.00-16.00	5.00
Congress . . . . .	4.00-10.00	3.00- 5.00	6.00-12.00	4.00- 6.00
Drake . . . . .	5.00-10.00		6.00-14.00	
Edgewater Beach .	4.00- 6.00		6.00- 8.00	
La Salle . . . . .	3.50- 6.00	2.50- 3.50	5.00- 8.00	4.00- 5.00
Morrison . . . . .	2.50-10.00		5.00-12.00	
New Bis March...	3.50- 6.00	2.50	5.00-10.00	4.00
Palmer House....	4.00-10.00		7.00-12.00	
Sherman . . . . .	3.00- 7.00	2.50- 3.00	4.00- 8.00	4.00- 5.00
Stevens . . . . .	3.00-10.00		4.50-10.00	

**Death of Miss Richmond.**—Mary E. Richmond, Director of the Charity Organization Department of the Russell Sage Foundation, died September 12 in her home, New York City, at the age of sixty-seven.

Miss Richmond devoted her entire life to social welfare work. She was an authority on marriage customs and a crusader for the elimination of child marriages.

She started her career as a social worker in Baltimore over forty years ago and did work there and in Philadelphia before coming to New York. Much of her time was devoted to writing; she was the author of books on social problems and marriage reform.

Writing editorially, the *New York Times* (September 14, 1928) pays her the following tribute:

"A combination of sound theory, benevolent practice and literary ability made Miss Mary E. Richmond exceptional among social workers. Her death means the loss of a rich personality to the Charity Organization Department of the Russell Sage Foundation and many others with whom she worked. But her influence will not be lost for many years.

"She was a firm believer in the individualized method of helping people in trouble. Treating human faults and ills as though they could be classified like so much machinery was abhorrent to her. The

working out of problems case by case, as she did it, resulted in the now generally accepted term, 'social case work.' Her little book, 'What Is Social Case Work?' published six years ago, has been reprinted and translated many times, and is in use as a text or reference book in numerous colleges.

"Nearly twenty years ago she became the director of the Charity Organization Department. Since that time she has written a number of valuable papers, some of which are still to be published. The results of last October's conference of the American Association for Organizing Family Social Work, which she sponsored, will be out this week. Her last book, 'Marriage and the State,' will soon be published. It is a comprehensive study of marriage laws, child marriages and the responsibilities of State and family to each other."

**Classes in Home Hygiene for Negro Girls.**—Courses in home hygiene and care of the sick have been added to the eighth-grade curriculum of the Booker T. Washington school at Atlanta, Georgia, and an additional elective course in these subjects has been added to the twelfth grade. A small class of first-grade children has been transferred to the high-school building for use in practice work for the class in home hygiene in the preparation of food for the children, in training in cleanliness and good table manners, and in story-telling. These courses were added as the result of a survey three years ago of the various vocations in the city open to negroes, in which it was found that a large number of the girls and women were employed as nurses of little children and as practical nurses.

**Syphilis Mortality Rates Dropping.**—The mortality rates given below include the total deaths reported due to syphilis, tabes dorsalis, and general paralysis of the insane per 100,000 population.

During the six-year period from 1917 to 1923, there was a very marked decrease in the rate of deaths attributable to syphilis despite a constantly increasing ability to recognize the disease in all its various manifestations.

Country	1917	1923
Australia . . . . .	8.2	7.2
England . . . . .	14.6	9.9
United States . . . . .	20.0	16.7
Italy . . . . .	18.0	13.2
Netherlands . . . . .	8.1	5.7

Venereal Disease Information, June 20, 1928.

**Protective Agencies in Philadelphia.**—"City Planning for Girls" is a study of girl problems in Philadelphia made by Henrietta Additon of the American Social Hygiene Association. The study was sponsored by the Big Sister Association of Philadelphia with the cooperation of the leading Philadelphia agencies interested in work for girls.

The activities of some of the Philadelphia children's agencies and other private societies giving personal service to girls, the courts and correctional institutions dealing with girls, the parole and probation system are outlined by the author. Typical case records with comments are included in the report.

Among the recommendations of the report are:

The organization of an adequately financed, well equipped non-sectarian girls' case-work agency with representatives on its Board of Directors of the Catholic, Jewish, and Protestant faiths. The extension of existing child-guidance, psychological and psychiatric clinical facilities. Provision of a small number of supervised private homes for unadjusted girls. The transformation of one or more of the institutions now existing into an experimental school providing special care and training for girls of boarding-school age. More satisfactory provision for the treatment of unmarried negro mothers. Scholarships for girls for whom continued schooling seems especially desirable. Increase in the number of school counselors. A policewoman's bureau. Civil Service or other employment safeguards in the Municipal court to insure qualified probation officers. Adequate appropriations for the mother's assistance fund. Extension of the State's program for the protection of children in industry and enforcement of the child-labor laws. A study of recreational needs and a systematic effort to provide wholesome interested recreation in every neighborhood of the city.

A complete report has been published by The University of Chicago Press.

**Treatment of Prenatal Syphilis.**—J. W. Williams of Johns Hopkins Hospital is reported by C. H. Marshall in an article appearing in the *Journal of the American Medical Association* (Sept. 8, 1928) as saying that he believes more lives can be saved by the recognition and treatment of syphilis early in pregnancy than by any other single agent. His analysis of deaths of premature and full-term babies, including both still-births and deaths during the first two weeks of life, has demonstrated the fact that syphilis is the cause of one-third of all

cases and is responsible for almost as many deaths as dystocia, the toxemias, and prematurity combined.

Further study by C. H. Marshall of patients who had syphilis for less than five years lead him to the following conclusions:

A marked reduction of fetal and infant mortality can be obtained in syphilitic families by treating the mother during gestation.

The earlier the treatment is begun, the greater the probabilities for a normal child.

Even in recently acquired syphilis, the chances for healthy offspring are good with antepartum treatment.

Syphilitic women should be treated during each pregnancy.

John Adams, F.R.C.S., Medical Officer to the Thavies Inn Venereal Disease Clinic for Pregnant Women, National Health, London, July, 1928, gives the results as found in a study covering a period of ten years of the History, Symptoms and Treatment of Antenatal and Postnatal Syphilis as follows:

1. Syphilitic pregnant women can be treated by Salvarsan Substitute up to the day of their confinement with safety and every advantage.

2. A mother whose blood yields a positive Wassermann reaction may be delivered of a child whose blood gives a negative reaction. The child may continue to thrive and maintain negative blood test.

3. Syphilitic children can safely be treated by Salvarsan Substitute immediately after birth.

4. Salvarsan Substitute combined with treatment by mercury has a more certain and quicker action in producing a negative Wassermann in the child, than in the mother.

5. Treatment in syphilitic children converts a positive Wassermann reaction into a negative, and such children appear to become healthy and show a regular weekly gain in weight.

The following table, based on cases treated at Thavies Inn from September, 1917, to September, 1918, shows the results obtained by Antenatal and Postnatal treatment:

Cases treated . . . . .	226
Expected mortality . . . . .	150
Babies born alive . . . . .	213
Wassermann reaction:	
Negative . . . . .	138
Positive . . . . .	75
Babies dying of syphilis . . . . .	4
Fetus still-born from syphilis . . . . .	13



**Dr. Brunet Directs Vaginitis Study.**—Dr. Walter M. Brunet, Secretary of the Social Hygiene Committee, New York Tuberculosis and Health Association, has been appointed attending gynecologist to the Willard Parker Hospital and director of the special clinic for the study and treatment of vaginitis in children which the Department of Health has just opened in cooperation with the Bellevue-Yorkville Health Demonstration. Dr. Brunet will also direct the vaginitis service at the Hospital. A ward of fifteen beds is available for these patients.

**Venereal Disease Prevalence in Cleveland.**—Thomas Parran, Selwyn D. Collins, and Walter M. Brunet. The *Bulletin* of the Academy of Medicine of Cleveland, August, 1928.

It is difficult to get complete reporting of any disease, but particularly is this true in regard to the venereal diseases. The result is that there is little data to indicate the number of cases of gonorrhea and syphilis that occur in a population or how many cases are being treated by physicians.

A plan to determine more accurately the number of these diseases has been used in a number of cities. In brief, the plan is to secure a report from every physician, hospital, clinic, or other person or institution licensed to treat the sick, showing the number of cases of gonorrhea and syphilis under treatment or observation on a specific date. The cases of each disease are classified according to the sex of the patient and the stage of the disease. No names, addresses, or other such information is required. The making of such a report takes only a few minutes.

In Cleveland one of these surveys was undertaken by the United States Public Health Service and the American Social Hygiene Association with the approval and cooperation of the council of the Cleveland Health Council and other local agencies.

The response of the physicians in returning the requested information was excellent. Returns were received from 90 per cent of the practicing physicians of the city.

The completeness and reliability of data collected in this way depend on several factors: (a) The cooperation of the physicians and their willingness to make a complete report of all cases under their care. (b) Untreated or self-treated cases are not included. (c) To avoid duplication, in case patients were under the care of a physician and also in a hospital, physicians were requested to report only private

patients and the hospitals and clinics to report only free or public patients. (d) To avoid counting non-resident patients, the important suburbs of Cleveland were included in the territory under survey, both as to cases reported and population considered.

It is planned to report this study after a lapse of two or more years to determine what change is taking place in the number of cases under treatment.

The survey date chosen for Cleveland was April 20, 1927. The total estimated population for the territory covered was 1,150,824. In this area 1,639 practicing physicians were located, or one physician to every 702 persons residing in the area.

Nearly 55 per cent of the physicians had no cases under their care on the day of the survey. Twenty-three per cent volunteered the information that they never treated venereal disease cases. Thirty-two per cent of all the physicians reported from one to nine cases under their care, 8 per cent reported as many as ten or more cases, and 1.3 per cent of the physicians reported fifty or more cases under treatment on the day of the survey.

It would appear that although a considerable share of venereal disease in Cleveland is treated by the physician with a varied practice, nearly one-third of the cases treated in private practice are in the hands of a few specialists.

If the types of cases treated by the physician are considered, it is found that 8 per cent of the physicians reported only cases of gonorrhea, 11 per cent reported only cases of syphilis, and 26 per cent had cases of both kinds. As previously noted, the other 55 per cent had no cases under their care.

Reports from hospitals and clinics showed that 34 per cent reported one or more cases on the date of the survey.

A total of 13,010 cases of syphilis and gonorrhea were reported, giving a prevalence rate of 11.30 per 1,000 total population of the area surveyed.

A similar survey made of Detroit in the previous year showed a rate of 12.50 per 1,000 total population. One concluded in Atlanta showed a much higher rate than either Cleveland or Detroit. The fact that 31 per cent of the population there are negroes might account for the difference, as studies by the U. S. Public Health Service in Tennessee indicate that the venereal disease rate among colored is much higher than among white persons. Nine smaller cities surveyed showed a rate of 14.38 per 1,000 population.

Rates were higher for men than for women. The gonorrhea rate for males being 2.69 times the rate for females. Less discrepancy between the sexes occurs in the syphilis rates, the rate for males being 1.49 times that for females.

In this survey cases of gonorrhea whose probable onset was six months or longer prior to the date of the survey were defined as "chronic", late syphilis was defined as that of a year or more in duration since the probable date of infection. Of all the venereal disease cases reported among women, 35 per cent were in the acute or early stage as against 43 per cent of the male cases. Of the syphilis cases among women, 34 per cent had developed within the preceding twelve months as against 39 per cent for men. The corresponding figures for gonorrhea were 35 per cent of the female cases and 47 per cent of the male cases had developed within the preceding six months. In all instances a larger proportion of the female cases were in the chronic stage than of the male cases. As regards syphilis, the initial lesion in the female is more often recognized. As regards gonorrhea, the acute stage perhaps does not inconvenience the woman so much as the man and the difficulty of cure is greater in the female.

The high percentage of cases of venereal disease that is treated in private practice is worth noting. The assumption that this class of illness is treated largely in free public clinics is not well founded. The results in Cleveland are in harmony with those in every other community in which these studies have been conducted, in showing that the greater proportion of cases of syphilis and gonorrhea are being treated in private practice. When this fact is considered in connection with the large percentage of physicians who are treating syphilis and gonorrhea it is realized that any efforts to improve the character of treatment given to patients for these diseases must be directed toward the great bulk of the medical profession.

The opinion of the physician making the report was asked regarding the increase or decrease in the prevalence of venereal disease in recent years. Of the total of 1,542 schedules only 440 gave any opinion on this question. Of these 440 persons 25 per cent thought the venereal diseases were increasing, 53 per cent thought they were decreasing, and 22 per cent thought there had been no change in the prevalence of the venereal diseases.

## ASSOCIATION NOTES

Dr. Harry B. Torrey, former staff member of the American Social Hygiene Association, has resigned his position to accept an appointment from Leland Stanford University. He will be associated with Dr. Thomas A. Storey in the Department of Physical Education and Hygiene. This takes Dr. Torrey back to his old professional territory, as he was professor of Biology at Reed College, 1912-20, and professor of Zoology and of Experimental Biology at the University of Oregon, 1920-25.

\* \* \* \*

Mrs. Margaret Wells Wood has completed three two-week credit courses on social hygiene in Tennessee, sponsored by the State Department of Public Health.

The courses were offered in the Middle Tennessee State Teachers College, at Murfreesboro, East Tennessee State Teachers College, at Johnson City, and West Tennessee State Teachers College, in Memphis. The lecture plan was used as the classes were large, but collateral reading was required of all students.

Parent-Teachers Institutes were also held in these towns, evidence of interest being shown by good attendance. One group of women from Nashville came regularly to the meetings held in Murfreesboro, twenty-five miles distant, while in Johnson City there was an average attendance of 125.

\* \* \* \*

Dr. Walter Clarke, formerly Administrative Secretary of the National Health Council, has returned from five years' residence at Edinburgh University, where he was studying medicine. He is temporarily with the American Social Hygiene Association, as Acting Director of the Division of Medical Measures.

Dr. Clarke graduated as one of the six highest in his class and was the first foreigner to receive the Murdoch-Brown medal which is awarded to the student attaining the highest marks in clinical medicine.

\* \* \* \*

Dr. Valeria H. Parker attended the Pan-Pacific Conference of Women in Hawaii. She was one of thirty women invited, and spoke on "Social Hygiene and Its Relation to Family Welfare". In addi-

tion to the Conference Address, she spoke to and conferred with various groups, including the Annual Convention Territorial Woman's Christian Temperance Union, Annual Conference Territorial Social Workers, Honolulu Rotary Club, University of Hawaii Extension Course for Parents and Teachers, and also held special conferences with persons interested in social hygiene.

On the return trip from Honolulu, Dr. Parker lectured at San Francisco, Los Angeles, Reno, Salt Lake City, Denver, Lawrence, and Chicago, returning to headquarters the latter part of September.

\* \* \* \*

The third annual Institute of the American Social Hygiene Association was held at Chautauqua from July 9 to August 17, 1928, in cooperation with New York University, Chautauqua Institution, and the Chautauqua Summer Schools.

Dr. Thomas W. Galloway and Mr. Newell W. Edson of the Division of Educational Measures of the Association gave the courses in social hygiene. These were attended by social hygiene workers, teachers, students later to become teachers, and members of Parent-Teacher groups.

There was an increase in the enrollment over last year's, both in credit courses and in the informal lectures.

\* \* \* \*

Attention already has been called to the part which social hygiene will have in the annual meeting of the American Public Health Association to be held in Chicago, October 15-19. The American Social Hygiene Association will sponsor three sessions: one with the Health Officer's Section of the American Public Health Association, the second a Scientific Session, and the third a General Session.

In addition to these meetings Chicago social hygiene groups are planning an Institute of three sessions for one of the days during the October 15-19 week, the program committee consisting of Dr. Rachelle S. Yarros, Miss Jessie F. Binford, and Mr. Charles E. Miner.

\* \* \* \*

Miss Jean B. Pinney attended the Institute for Social Workers at Blue Ridge, North Carolina, for two weeks in July.

There was an enrollment of eighty-five this year, which included representatives from fourteen national agencies in contrast to the 1927 Session when but three national agencies were represented.

The conference was directed toward bringing into closer harmony

the various forces and agencies which are working for community betterment.

\* \* \* \*

Miss Henrietta Additon attended and spoke at the National Conference of Juvenile Agencies at Kansas City held October 3 to 6.

Her subject dealt with the maladjustment of children considered in relation to the family and the social system. Other papers treated the problem of maladjustment in relation to the individual, educational processes, industry institutions, and social training.

Among the speakers at the conference were Doctor Ellen C. Potter, Doctor Herman Adler, Mr. Rowland C. Sheldon, Mr. Edwin J. Cooley, Doctor R. R. Williams, and Doctor L. Guy Brown.

General discussion under the direction of competent leaders followed the presentation of the formal papers.

\* \* \* \*

The International Conference of Social Help held in Paris, July 8 to 13, was attended by Sir Arthur Newsholme, Mrs. Frederick H. Whitin, Mr. Harry Hopkins, Mr. Kenneth D. Widdemer, and Mr. James M. Hepbron. These leaders in social hygiene offered their services to the American Social Hygiene Association and advised with their European colleagues who were in attendance at the Conference. Sir Arthur Newsholme served as Chairman of this informal social hygiene delegation.

Sir Arthur Newsholme, in an interview with Dr. Cavaillon, Chef du Service Central de Prophylaxie des Maladies Veneriennes du Ministère de l'Hygiène and Secrétaire Général de l'Union Internationale Contre l'Péril Veneriennes, was given particulars bearing on the anti-venereal situation in France.

At a luncheon held at the Cafe Anglais on July 12 there was a discussion on The Protection and Guidance of Youth. Dame Rachel Crowdy, Secretariat of the League of Nations, spoke on the Report of The Committee of Experts in the Traffic in Women and Children. Among others who were present and who participated in the discussion were Mrs. John M. Glenn, Mr. G. A. Johnston, and Doctor Richard Cabot.

\* \* \* \*

The American Hospital Association held its thirtieth annual convention in San Francisco, August 6-10, 1928.

Sessions were devoted to the work of the American Hospital Asso-

ciation, Occupational Therapy, Children's Hospital Work, and Dietetic Problems; the cost of medical care and administrative problems were also considered.

Round Table discussions were held, at which questions covering the various fields were presented and answered. Among the educational exhibits presented was one by the American Social Hygiene Association.

### BOOK REVIEWS

UNDERSTANDING HUMAN NATURE. By Alfred Adler. New York: Greenberg, 1927. 288 p. \$3.50.

The author's introduction states that "this book is an attempt to acquaint the general public with the fundamentals of individual psychology. At the same time it is a demonstration of the practical application of these principles to the conduct of one's everyday relationships, not only to the world, and to one's fellowmen, but also the organization of one's personal life." Its thirteen chapters contain the substance of a year's course of lectures at the People's Institute in Vienna. And the translator, Walter Beran Wolfe, has cooperated most successfully with the author to produce a readable as well as non-technical account of the views that Adler has developed on the foundation of his study of organ inferiority, with which his name especially is associated.

Two great tendencies dominate all psychic phenomena, according to Adler, namely, *social feeling* and *individual striving for power and domination*. It will not be necessary to follow these tendencies throughout the full range of the subjects discussed. For readers of this JOURNAL, however, the chapter entitled SEX will be likely to have especial interest, above all for those who, with the author, recognize that in this bisexual world cooperation of the sexes on a footing of equality, rather than the dominance of either male or female, is a sine qua non of individual and social health.

The dominance of the male in the culture of today is the fruit of a relatively recent struggle. "The triumph of man was simultaneous with the subjugation of women, and it is especially the evidence of the development of the law which bears witness to this long process of subjugation." The doctrine of the inferiority of women thus arises by right of conquest, but without biological sanction. "Masculine

dominance is not a natural thing." "The fallacy of the inferiority of woman, and its corollary, the superiority of man, constantly disturbs the harmony of the sexes. As a result, an unusual tension is introduced into all erotic relationships, thereby threatening, and often entirely annihilating, every chance of happiness between the sexes. . . . This explains why one so seldom finds a harmonious marriage, this is the reason so many children grow up in the feeling that marriage is something extremely difficult and dangerous."

"Comradeship is the characteristic index of a true reconciliation with the sexual rôle, of a veritable equilibrium between the sexes. A subordination of an individual to another in sexual relationships is just as unbearable as in the life of nations." . . . "The happiness of the whole of humanity depends upon effecting such conditions that a woman will be enabled to be reconciled to her womanly rôle, just as the possibility of a man's adequate solution of his relationship to woman likewise depends upon it."

How is this to be achieved? "Of all the institutions which have been developed to better the relationships between the sexes, coeducation is the most important." Coeducation represents, not an invitation to "*competition* between the sexes, for the prize of greater talent and capability," but "a training and preparation for future *cooperation* between the sexes in communal tasks," future cooperation, it may be added, that is mutually determined.

Those who have been reared in another educational tradition will note that Adler speaks, without partisanship—as a physician. As such, his words merit sober reflection.

HARRY BEAL TORREY.

CHILD GUIDANCE. By Smiley Blanton and Margaret Gray Blanton. New York: Century Co., 1927. 301 p. \$2.25.

This book on Child Guidance is clearly one of the most helpful books that has appeared in the literature on this subject. That the Introduction is written by the late Doctor Thomas Salmon is sufficient attestation of its value. It has avoided at least one of the most serious faults that has characterized so many other books appearing on this subject, namely, making the correction of behavior problems and personality traits appear always to be a very simple procedure.

For a book of its type it is unusually complete in the discussion of the basic forces at play in human behavior and in interpreting their influences together with subsequent environmental forces in the forma-



tion of traits and habits. Although this book is technical in nature, the grasp that the authors have on their subject is evidenced by the clarity and simplicity of its presentation. It is a book that is invaluable not only to clinicians but also to parents and others actively interested in child life.

One cannot finish any chapter without being impressed that the authors have brought to the writing of this book a well balanced knowledge and experience of the subject matter.

The book is divided into three parts. Part One consists of discussions of the more important basic elements in behavior, together with chapters on problems associated with eating, sleeping, excretory functions, sensory training, walking and talking.

Part Two discusses some of the important conditions under which the child lives, such as the nursery, normal "breaks in routine," etc., as well as other conditions that come into child life that affect the adjustment, such as a knowledge of sex, the laws of discipline, "nervousness" and intelligence.

Part Three is a presentation of the value and methods of record keeping as well as a discussion of certain traits such as self-confidence, aggressiveness, gregariousness, pilfering, emotional disturbances, etc.

It is a book that should be read by everyone interested in child guidance.

FRANK J. O'BRIEN.

## BRIEFER COMMENT

### INDEX OF PUBLICATIONS.

A revised "Index of Publications" of the Policyholder Service Bureau of the Metropolitan Life Insurance Company has just been published.

The list is varied, the booklets deal with business management, insurance, marketing, advertising, accident prevention, and industrial health and hygiene.

Copies will be supplied by the Metropolitan Life Insurance Company to those who desire them.

PROGRAM OF THE WOMENS' COOPERATIVE ALLIANCE, MINNEAPOLIS. Their Twelfth Annual Report was issued in 1927.

The Alliance is, to quote the report, "a community organization for the purpose of assisting parents in their responsibilities for the welfare and happiness, the conduct and character of children and young people."

Three major approaches have been made to carry out this program, namely, the Big Sister Department, a service for girls and young women, who are confronted with problems of living which they cannot solve alone; the Research

and Investigation Department which instigates studies to show real conditions in the community, and which uses the findings of these studies as a basis of legislation in social regulations, and the Parent Education Department which serves in an advisory capacity for parents in the matter of sex education in the home.

THE YEAR BOOK AND DIRECTORY OF THE NATIONAL COUNCIL OF WOMEN OF THE UNITED STATES. New York: 1928.

The year book, the first to be published by the National Council of Women includes the proceedings of the fourteenth convention, the reports on the programs of the Council organizations numbering thirty-four; the names, addresses and headquarters of the Councils of Women in the forty-one countries holding membership in the International Council with by-laws, standing rules, committees, etc., of both the National and International Councils.

The history of the Council, its present functions and status are clearly defined, and attention is called as well to the need for the cooperation of other groups not at present included in the council.

It should prove of value to organizations, libraries and individuals as a reference work of great scope.

FUNDAMENTAL GYMNASTICS. By Niels Bukh, Emily Russell Andrews and Karen Vesterdal. New York: E. P. Dutton & Co. 1928. 202 p. \$2.00.

This is a teaching manual. It has been translated from the Danish with some adaptations to make it of use in America.

It includes exercises and the theory back of them. "The purpose of physical education in a democracy is to do its part in education's task of building a program of living."

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## THAT WORD "SEX"

Many a good word has lost much of its real value through traveling with evil companions or through being injudiciously used by its friends. What to do with it, then, becomes a problem, particularly if adequate synonyms are not available. Such is the plight of the word "sex" at the present time. It has been sensationalized and vulgarized by the movies, some writers and dramatists, and the penny dreadfuls; it has been exploited by non-ethical commercialists; and it has been overworked by some who seek only its best interests.

These and similar observations often have been made during the past few years and a letter from Dr. Ray Lyman Wilbur, published in the Forum section of the JOURNAL (May, 1928), has evoked many responses from thinking people throughout the United States. For the benefit of new readers—and older ones whose files may be incomplete—we reprint President Wilbur's letter:

### *To the Editor:*

I wonder, with the various things that have gone on in the way of wretched publicity, whether it would not be better to drop the term "sex" in your whole publicity and substitute some other word. Social Hygiene Association is certainly a better term than Sex Association.\* Cannot

\* Dr. Wilbur did not mean to imply that we have used the term Sex Association in any of our correspondence or periodicals but from conversations he has reported, persons do frequently refer to the Association as the National Sex Association, and the frequent use in our material of such phrases as "sex-social," and "sex-character" education, has raised the question of avoiding the word "sex" whenever possible, especially in such reference terms.

some word other than sex be used for the publicity? The difficulty is that the word sex calls up too many wrong points of view. Since it is the endeavor of the Association to get right points of view established, it might be worth while discussing this question.

(Signed) RAY LYMAN WILBUR

It would be impractical to attempt to publish in full all of the replies received relating to the query, but the following excerpts will give readers an opportunity to learn what many of their fellow members and workers in the social hygiene movement think regarding it. The Editorial Board will welcome further expressions of opinion.

"I think the unfortunate reactions sometimes resulting from the use of the word 'sex' are a hang-over from the prudery of the past and that it is part of the mission of the American Social Hygiene Association to redeem the word and place it in a purely scientific position."

\* \* \* \* \*

"The use of the word sex no doubt stimulates a great variety of reactions, probably including some 'wrong points of view.' However, has it not been the experience of educational organizations that the ignoring and suppression of logical and pertinent reference to the term and its significance have been responsible for many and perhaps more serious 'wrong points of view'? Of course, any word can be overused."

\* \* \* \* \*

"I think we should use the word 'sex' as rarely and discriminatingly as we can. I can easily believe, however, that there will come things for us to say which we cannot say without using the word 'sex' or substituting for it some clumsy and obvious substitute. In such cases I think the frank use of a frank word would be better."

\* \* \* \* \*

"I sympathize with what Dr. Wilbur says in his letter. The difficulty is how to find another word that expresses the idea. We used 'social diseases' for a long time because of the suggestiveness of 'venereal'. Now we have virtually abandoned

it and do not hesitate to use the latter. Of course, the latter has never been taken up by the fake psychologists as 'sex' has been.

"An appeal might perhaps profitably be made to all reputable publishers to refuse to publish books with such titles as 'Sexology', 'Sex Science', 'What Every Woman, etc., Ought to Know', and others.

"Perhaps one of the functions of our Association ought to be, as a matter of definite aim, to change the suggestiveness of the word 'sex' by reiterating its psychological and ethical aspects.

"Perhaps we have been using the word in too cold blooded a way in our scientific literature—too much as if we were addressing medically trained people.

"Of course, we are working against the people who coin pruriency into cash in the theatre and the cheap story books—their advertisements reach so many more than we can reach by our literature."

\* \* \* \* \*

"Of course I believe that we should do all in our power to emphasize the positive, constructive side of education for life, but I do not quite see how it is possible to carry on a social hygiene program and drop the use of the word 'sex'."

\* \* \* \* \*

"I am most heartily in sympathy with the spirit of the statement which President Wilbur makes in his letter of March 12th. We have, however, a practical situation to face, namely, that the sex problem is one of the biggest problems with which the American Social Hygiene Association has to deal. It is extremely unfortunate that the sex problem has been popularized, so to speak, to such an extent that it has become a handicap instead of an aid to the Association. I find that many people of conservative tendencies have been so thoroughly disgusted with the prominence given to sex matters in recent years that they are becoming intolerant and are losing sympathy with legitimate movements of such organized efforts as those of the American Social Hygiene Association. I see no way to disassociate the work of the American Social Hygiene Association from the idea of sex, but I am in hearty sympathy with the adoption of a general policy that would limit the use of the word sex as much as possible."

\* \* \* \* \*

"I think that the word 'sex' is a perfectly proper one and any sort of circumlocution is apt to be either ambiguous or pedantic."

\* \* \* \* \*

"I concur in Dr. Wilbur's suggestion."

\* \* \* \* \*

"I am sorry to say that I do not agree with President Wilbur's suggestion. In the first place I have a rather old-fashioned predilection for verbal honesty and think there is something to be gained in calling a spade a spade. I don't like the use of the word social to cover one particular aspect of social relationships. It seems to me like debasing or limiting a good word.

"On the other hand, I don't know of any accurate substitute for the word sex which would be generally understood.

"Then, too, despite the emotional freight which the word carries or perhaps because of it I think it attracts the attention of people who would remain uninterested in some more pussy-footing phrase. Undoubtedly one of the aims of the Association is to bring about a healthy and unemotional attitude toward the subject of sex and this necessitates facing the word itself as well as the problems."

\* \* \* \* \*

"The unpleasant associations of certain words may be treated in two ways—one by skirting around them—one by use in such company and with such simplicity as to give them dignity in due time. If a *real* substitute can be found, let's welcome it. Otherwise let us steadily face our problems.

"Soule has no synonym for 'sex'. Roget shies at thesaurising the terrible word. The dictionaries will hardly help. Only the French have gone into the matter elaborately. Who will look up their dictionaries of gallantries?"

\* \* \* \* \*

"I think the word 'sex' should be avoided in all communications sent and all addresses given by the Social Hygiene Association. It is a dangerous word to use in this connection as it is always misunderstood and does not express the ultimate purposes of the association as I understand them."

\* \* \* \* \*

"I see no very clear way of avoiding the use of 'sex' when we are talking about venereal diseases. Of course, you can take another word which originally had another meaning and



use it in place of sex. This is what has been done with the term 'social hygiene'. In almost all European countries social hygiene is a word which refers to all types of health work carried out for the benefit of social welfare. The use of it in America, largely by the American Social Hygiene Association, has made it come to mean venereal diseases, or possibly the prevention of venereal diseases.

"In the same manner, if the word social were substituted for sex, it would come to mean sex and another term would have to be found for social worker, social progress, and the like."

\* \* \* \* \*

"I think that it would be unfortunate to have any hard or fast rule with reference to the use of the word 'sex'. It frequently happens that it is the most definite word to be used in connection with the context of an article. Standing alone, the word has a definite meaning but that meaning may be modified or qualified by the context."

\* \* \* \* \*

"I do not share Dr. Wilbur's sensitiveness about the word 'sex.' I can imagine no substitute for it. Those who would abolish it are in my judgment no less morbid about it than those who want to talk about it all the time. There is no more need of abolishing that than of abolishing the word 'digestion' because some people are hypochondriac. Sex is sex, and the operation of it is the biggest force in life. Abnormalities in its expression are perhaps mostly the result of super-sensitiveness due to reticence and repression."

\* \* \* \* \*

"I would advise getting rid of the word 'sex' in your literature wherever it can be done without interfering with the meaning that you want to convey. I am afraid, however, that no matter how little you use it, it will still be applied to the American Social Hygiene Association by people who talk carelessly."

\* \* \* \* \*

"I do not agree that the words 'Social Hygiene' should be substituted for 'Sex' as a general rule. I think the two terms have a distinct purpose. 'Social Hygiene' has very little meaning in personal relationships. For example, last year on a program of parent education I was asked to speak on 'Social Hygiene and the Young Child' and I refused to use

that title because I did not think a young child was concerned with 'social' matters in that sense, and I insisted that they call it 'Sex Education and the Young Child.' I think for a dignified association like the Social Hygiene Association to make the term 'sex' have a clean meaning is educational propaganda."

\* \* \* \* \*

"I agree as to the undesirability of emphasizing the word *sex*. I think it tends to promote a misconception in the minds of many people as to the spirit and trend of the work of the American Social Hygiene Association."

\* \* \* \* \*

"It is very difficult for me to gauge the wisdom or unwisdom of the use of the word 'sex.' If it is only used to express what it means, it seems to me more scientific to use that word than to invent one which would need an explanation. I believe in directness and simplicity, and would always be guided by those principles."

\* \* \* \* \*

"As long as the word *sex* 'calls up too many wrong points of view' there is real need of its use—of its proper use.

"I assume President Wilbur has in mind 'sex plays,' 'sex novels,' and so forth. These are, of course, generally evil in intent and in effect but they go over, I believe, not only because they furnish thrills but also because people want to get at the bottom of sex. The more of the right kind of sex information they get the better."

\* \* \* \* \*

"As far as I can follow the implications of President Wilbur's suggestion I do not agree.

"The use of social as practically synonymous with sex has always seemed to me to be an unfortunate and arbitrary substitution that has caused misunderstanding in other countries and to that extent has confused the literature. Sex is a perfectly good word with definite connotation and when we are dealing with matters pertaining to reproductive functions or instincts it is the appropriate term to use. I should be sorry to have it tabooed in this country."

\* \* \* \* \*

"Why not help to set a new standard of frankness on the subject? I think the present use of the word should be continued."

\* \* \* \* \*

"I heartily agree with the suggestions offered by Dr. Wilbur."

\* \* \* \* \*

"I do not know any appropriate substitute for the term 'sex.' I am inclined to think that if any could be found its use would be a subterfuge. I do not agree that the word calls up more wrong points of view than it does wholesome points of view. After all, sex is a fact and I do not think we can get around facts even though we call them by a different name than that by which they are commonly and ordinarily described."

\* \* \* \* \*

"I thoroughly appreciate the point raised by Dr. Wilbur. However, 'sex,' in my opinion, is a perfectly good word and I do not know of any other that is exactly fitting or synonymous.

"Within recent years it has been an abused word, but no matter what word we select, we would run the same chance of having it interpreted wrongly in time. For instance, the word 'petting' formerly connoted a pure form of love—it now mostly indicates licentious and promiscuous love.

"I think it would be well to use the word 'sex' as often as possible, with the word 'character'—for instance—'A Program in Sex and Character Education.'

"It appears to me the word 'character' has a modifying influence on the word 'sex.' I, too, do not like the word 'sex,' neither do I like the term 'social hygiene.' I think it sounds apologetic, prudish, and rather lady-like; but for the life of me I cannot suggest anything better. They are not bold terms when used in science and education—they are glibly and freely used by adolescents.

"Let us stick to good English words and run chances of having them spoiled by popular usage."

\* \* \* \* \*

"I haven't these word fetishes myself—change it to taste."

\* \* \* \* \*

"I have read with interest President Wilbur's suggestion. I would agree with him if it were possible to find a suitable word to substitute for 'sex,' but I confess I do not know what it is. In the absence of a new term, the solution, it seems to me, is to give new content to the old term, which I believe it is already gaining."

\* \* \* \* \*

"Yes: I agree with Dr. Wilbur's suggestion, in so far as is possible to observe it."

\* \* \* \* \*

"I am heartily in accord with the suggestion contained in Dr. Wilbur's letter."

\* \* \* \* \*

"It would seem to me quite advisable to soft pedal the word 'sex' as much as possible. On the other hand, we have actually no word which satisfactorily replaces it. In my own lecture work, where sexual problems must be considered, I have found it wise to preface any use of the term by a considerable discussion of the biological and psychological phases of the subject, attempting to set up the notion that however unfortunate it may be we must use this word in several different ways. So far as lecture work goes this seems effectively to wear down the resistance to the word but it would appear to be unlikely that any such scheme could be followed with written matter. Accordingly, I find myself blocked for suggestions."

\* \* \* \* \*

"Anything that can be done to detach the social hygiene program from 'sex-fobia' should be done; but at the same time when 'sex' is the word we want to use in a healthy and vigorous way we should use it. The sensationalists beat us to it. While we were sparring around fearfully trying to avoid 'sex,' they made it a popular by-word. Good judgment and a fearless attitude are the two factors that should determine when and when not to use the word."

\* \* \* \* \*

"I am of the opinion that, if a word can be found which adequately covers the subject, the elimination of the word 'sex' would certainly be a step in the right direction. Personally I do not know of any word which means to so many people so many different things, as this very much abused word."

\* \* \* \* \*

"I am interested in the suggestion of Dr. Wilbur. Could he point to any discussions of vital problems in the field of what is usually called sex-life that would exemplify his idea?"

"'Sex' is indeed a term so much overworked that one would like to have terms dealing with what one wants to talk about. So far I have no other term when I mean sex. What are the

neutral topics worth discussing in which better terms could be used?"

\* \* \* \* \*

"Without intending to be captious, I would suggest the submission of a list of specific instances where the word sex is to be avoided, and words or phrases which would be preferable in each instance. I know how all connected with this work have labored with the same object in view."

\* \* \* \* \*

". . . the suggestion that the word 'sex' be dropped from publicity as soon as possible, is very interesting. I think I agree. Through publicity we ought to get the public to think of social hygiene as something more inclusive than sex and the treatment of venereal disease. Not at all that the Association should in any way get away from the consideration of these two important aspects of the work, but if we can somewhat more broadly interpret the Association's function in the public thinking, it would seem that its usefulness could be greatly increased.

"It resolves itself into a consideration of the psychology of the public mind.

"I have heard the work of the American Social Hygiene Association referred to as the work of the 'Venereal Association' which I felt was quite too bad in view of the broad program which the Association is carrying out."

\* \* \* \* \*

"I myself have a special complex on the word 'sex,' and I am glad that President Wilbur has touched on it. I have gone to a good deal of trouble to avoid it, not only in the titles but so far as possible in the body of all my books. There are very few occasions in which it cannot be replaced satisfactorily by 'reproduction,' 'mating,' etc.

"I have never heard the American Social Hygiene Association referred to as the 'sex association,' but I do think that the word is much overworked in its literature, and that it should be omitted on every possible occasion when some other word would do just as well. It has such wide and vague connotations that it means nothing definite; in many instances it is used as a cover for loose thinking or writing; and it has certainly been worn out by the pornographers during the last ten or fifteen years. It would be a real advance toward

accuracy, dignity, and efficiency if this word were put on the Association's *index expurgatorius*."

\* \* \* \* \*

"President Wilbur has touched upon a point that I believe is important. I have been conscious for some time of a vague feeling that we were putting too much emphasis on sex, or perhaps it would be more accurate to say that the sex side of the Association's work has taken too large a place in the public mind. I don't like this trend—I'd like to see the whole question discussed."

\* \* \* \* \*

"I quite see the force of Dr. Wilbur's suggestion and agree with him that there are many people who are still almost wholly unenlightened on the subject of sex and, therefore, affronted by it even when used in the best possible sense.

"I am well aware of the difficulty of avoiding the use of the word in social hygiene publicity and regret that I am unable to offer a really constructive suggestion as to ways of avoiding the use of the word."

\* \* \* \* \*

"I agree with Dr. Wilbur's comments."

\* \* \* \* \*

"The word 'sex' has been frequently used in recent years with reference to plays, books, problems, and many other subjects. It is altogether probable that the wrong point of view may be called up at times.

"While there are undoubtedly many instances in which it is the word of choice, it would seem desirable to restrict the use of the word to the minimum consistent with the subject under discussion."

\* \* \* \* \*

"I am in accord with Dr. Wilbur's idea. I do not know what the solution is but the dropping of the word 'sex' in such terms as sex-social and other hyphenated ways can become an asset. This, to my mind, does not mean to stop using the word sex as part of a sentence, but it does mean to soft pedal the word as sex-hygiene or even as hygiene of sex.

"With the versatility of the American Social Hygiene Association staff it ought to be simple to utilize other words than the old ones that are being worn too thin—in this connection I surmise that other words than sex might be considered."

\* \* \* \* \*

"Dr. Wilbur's suggestion that the term 'sex' should be dropped is well worth considering. It would seem in the last decade that this term has been very much overworked, and is associated with all that is vicious.

"I have no term to substitute for it, but do believe that it is a matter that should be given thought."

\* \* \* \* \*

"I am not in sympathy with the suggestion of President Wilbur. The word objected to has vastly more connotations which are beautiful than the reverse. If I have any criticism to offer as to the conduct of our movement (in which I have been interested for twenty years), it would be that it has been too narrowly confined. I should like to see the educational side treated from an esthetic and spiritual standpoint."

\* \* \* \* \*

"President Wilbur's suggestion regarding the use of the word 'sex' in the Association's publications has been read with great interest. I usually am very much in accord with President Wilbur's point of view, but in this instance feel totally out of sympathy with his suggestion.

"In his last sentence he says, 'Since it is the endeavor of the Association to get right points of view established, etc.'; as the aim of the Social Hygiene Association is the development of a right idea toward sex, it seems to me that to consider dropping the use of this word is going back about fifty years in our whole educational program.

"My conception of sex education has been the normalizing, not only of the understanding of, but the terminology regarding, the whole sex problem. While I agree that there is still a great amount of publicity in regard to it, I feel that the publicity can best be counteracted by its frank use in the way that we would have it understood."

\* \* \* \* \*

"I am interested in Dr. Wilbur's letter, but I am afraid I do not appreciate his point of view.

"There has never been, to my mind, anything odd or disagreeable in the proper use of the word 'sex,' and I see no reason for avoiding the use of this word.

"Often questions clarify themselves by reducing them to an absurdity, so I will say I have no more objections to using the word 'sex' than I have to using the word leg instead of limb."

\* \* \* \* \*

"I think there may be something in President Wilbur's point of view, but the difficulty is to find a substitute which carries the same meaning and is not too awkward. The acceptability of words for different uses changes from time to time and it is possible that there will be less objection from the point of view expressed by President Wilbur as time goes on. I take it that he does not regard this as a question which is very serious; and I should feel that way also."

\* \* \* \* \*

"I agree fully that too much wretched publicity has been given to this term. However, as I view it, this type of publicity has been utilized by more or less pseudo-health interests who emphasize the term. It seems to me that the American Social Hygiene Association has been very careful and wise in the use of the term. Of course, the word must be utilized and should be utilized in connection with sound and sane social hygiene work. In other words, I feel that we are justified in using the term 'sex' in all intelligent and genuine social hygiene work as often as we should use it. So far as I know there is no other publicity."

\* \* \* \* \*

"In the main, I think Dr. Wilbur is right, but there are times and places where the word 'sex' or 'sexual' should be used. I should not like to have the Association called 'sex hygiene association.' For one reason the term is too restricted in meaning to cover the scope of your work. Not that there was any intention of changing. At the same time, the work is directed in the interests of sexual hygiene as well as social hygiene, and I see no reason why, when the premises are right, and the point of a particular remark is 'sexual hygiene,' the term should not be used. Perhaps we might compare sex hygiene to personal hygiene and social hygiene to group hygiene which in point of fact becomes public health practice. In general, it will be best to avoid the word 'sex' where its omission will not remove precise meaning from a statement."



## PROGRESS OF THE INTERNATIONAL TRAFFIC REPORT \*

The League of Nations on September 18, 1928, held the thirteenth meeting of the Ninth Ordinary Session of the Assembly, one of the main items on the agenda being Document A, 55, 1928, IV. This rather formidable designation is the one attached to a document which represents years of painstaking study, careful deliberation, and, finally, unanimous agreement on the part of the League's Special Body of Experts. It is their report on the Traffic in Women and Children.

Madame Hainari of Finland, serving as Rapporteur, addressed the Assembly in English, read the Report, and presented the following resolution:

- “I. The Assembly takes note of the Report of the Traffic in Women and Children Committee, thanks the Committee for the good work it has accomplished, and expresses the hope that this work will be continued along the same lines.
- “II. The Assembly takes note of the second part of the Experts' Report published in November, 1927, and expresses its appreciation of the splendid work done by the Special Body of Experts and their co-workers. It expresses the hope that it will be possible to extend the investigations to countries where no investigation has taken place before.
- “III. The Assembly notes with satisfaction that the Advisory Committee has examined the resolution passed by the Assembly at its eighth ordinary session as to ‘the desirability of recommending to all Governments the abolition of licensed houses,’

\* A review of the League of Nations Assembly meeting to consider Report of the Special Body of Experts on Traffic in Women and Children. This Report was presented to the Council of the League of Nations on March 9, 1927. Part I was reviewed in the JOURNAL in May, 1927, and Part II in February, 1928.

and it supports the Advisory Committee's request that 'the Governments of all those countries which still retain the licensed-house system will investigate the question as soon as possible in the light of the report made by the Body of Experts.'

"IV. The Assembly desires to call attention to the great importance of the employment of women police as a preventive measure."

Following Madame Hainari's address, Mrs. Ethel McDonnell of Australia outlined the work of the women police in South Australia, emphasizing the important part which these workers play in preventive and reformatory efforts.

Lord Cushendun (British Empire) was the next speaker and his address in support of the report and resolution was of such particular interest and value to all members and friends of the social hygiene movement that it merits quoting in full:

"Mr. President, ladies and gentlemen, I desire to make one or two short observations on this discussion for two reasons. First of all, I desire to emphasize the immense importance which, in my judgment, this report of the Fifth Committee ought to bear, and of the subject with which it deals. Secondly, observing that the Rapporteur on this matter is a lady, and that the only other speaker who has hitherto addressed the Assembly has been a lady, I desire to emphasize as strongly as possible that in my view this is not a matter which concerns women any more than it concerns men. I think that the whole subject discussed in this Report is one which the men, as well as the women, who are interested in the work of the League of Nations ought to take into their most serious consideration, and to which they ought to give their strongest possible support.

"There are just two points in this Report which I think are of special significance. They are these. First of all, we are told that after a careful study by experts of the ques-

tion relating to the licensed house system, a unanimous opinion has been given against that system. I cannot imagine that, in the face of such a recommendation as that, the Governments concerned will not feel that a duty is cast upon them to leave the matter no longer where it rests at present; and the second point of significance is this. In the Report I read that

‘The Fifth Committee agrees with the Advisory Committee as to the necessity of adopting stricter measures against *souteneurs* in order to put a stop to their operations, which are among the main causes of the traffic in women.’

“I want to give the strongest possible support to that recommendation on behalf of the British delegation and of the British Government. Whatever excuses some people may find it necessary to make for human frailty which produces vices of a sexual character, no decent man and no decent woman can have any excuse to make, or any tolerance to extend to those who, for the sake of a money consideration for themselves, stimulate the vices of others and try to promote the temptation which leads to those vices. I think that if there is any objection to be raised against the recommendation which I have read, it is that it is couched in too moderate language—‘the necessity of adopting stricter measures.’ I think that these people who are referred to in that sentence deserve no mercy, and that every government should carefully consider whether the laws which they administer are sufficiently stringent to prevent these persons, who are a curse of mankind, from carrying on their nefarious operations. I think that probably in many countries it will be found that the penalties for conviction of offenses of this sort are far less drastic, far less severe than public opinion would gladly support.

“Those are the two reasons why I thought it desirable to ask leave to make these one or two remarks.

“With regard to women police, about which the Honorable Delegate for Australia has given us an interesting account, I recall with satisfaction and some pride that I was among the first to support, in the British House of Commons, the proposal to employ women police, at a time when that proposal was of so novel a character that it was somewhat difficult to get people to take it seriously. I am quite sure that after the experience we have had in England of women police we are not likely to go back on it. On the contrary, experience has proved that the employment of women police is so valuable that I am quite sure public opinion in my country would gladly support an extension of that system and a strengthening of the too small force of women police which we employ at present.”

At the close of Lord Cushendun's address the report and resolution were adopted.

## CIVIC HOUSECLEANING

BASCOM JOHNSON

*American Social Hygiene Association*

This choice of topic was made because there seem to me to be several important analogies between the sanitary problems of the housekeeper and the social hygiene problems of the municipality.

In both cases we may fairly say that the job is never finished. The city fathers may well sympathize with the housewife who chants the old refrain that man works from sun to sun while woman's work is never done. No sooner has the house emerged spotless from her ministrations, the cobwebs hauled down, and the floors and carpets cleaned, than someone brings mud into the house, throws orange skins or banana peels in the corner behind the desk, or drops tobacco ashes on the carpets; the latter of course keep away moths. (It's a curious thing how obtuse women can be in regard to this age-

old claim by their tobacco-smoking husbands. They still stick to moth balls as the best preventive and insist on cleaning up the ashes.) So it goes day after day, month after month, and year after year. While we men grumble a great deal about all this cleaning-up business and make much fun over the orgy of housecleaning, especially in the spring, we admit in our hearts, and sometimes even to our wives, that it is the cleanliness, freshness and beauty of our homes which differentiates them from mere dwelling places.

Perhaps it's partly because our city fathers are city fathers instead of city mothers that they have been somewhat slow in applying this day by day, week by week, month by month search for the moral dirt which exists in every city to a greater or less extent. Too often they have done what most men do when their wives go to the country and they keep house for themselves, sweep the dirt into a corner and forget it, stack the dishes, and forget to empty the garbage. However, we men have had brought home to us somewhat sharply, not only in our homes but in our cities, that dirt breeds dirt, and that refuse attracts bugs, rats and other vermin which in turn breed serious diseases.

It seems only fair, though, to point out in defense of my sex that the job of the Municipal Housecleaner is immensely more intricate and difficult than that of the housewife. The refuse with which he deals are human beings, delinquent boys and girls, some of them with defective inheritance, others stunted physically or morally by grinding poverty, untreated disease, or bad or broken homes. The vermin are these boys and girls grown up, their youthful delinquencies hardened into permanent anti-social tendencies, professional criminals or the traffickers in human weakness. Even the worst of these derelicts are still human beings and cannot, as a rule, be summarily disposed of as the housewife disposes of the household vermin. While it will be seen, therefore, that this analogy between domestic and municipal housecleaning cannot safely be carried

too far, yet the fact remains that in both cases eternal vigilance is the price of cleanliness.

And that leads very naturally to the consideration of another point on which municipal housecleaners might very well profit from the experience of the housewife. The latter is not satisfied with ferreting out the dirt so often invisible to her family; she attacks it vigorously. She is not content, as I have said, with sweeping it into a corner or behind the bureau, but moves out the furniture and cleans up the dark places and, in doing so, she requisitions the best tools she can get.

No longer are we husbands blinded with dust on housecleaning days. Many electric housecleaning devices which are now installed in our homes operate so smoothly and effectively that we hardly know what is going on. We can, however, see the results and we know that they are good.

In municipal housecleaning, however, it is not so easy to see results. This is particularly true as regards sex offenses. In a homicide case there is always the corpse as the mute witness of society's failure to find or reform a potential murderer. Similarly in theft or burglary cases there is the tangible missing property. It is a comparatively simple matter of arithmetic to determine whether such cases are increasing or decreasing. But in sex affairs there are often no tangible evidences of the offense. Except in rape cases or sex offenses against young girls there is often no complainant. Even as to these, it is known that many victims or their parents make no complaint because they fear the publicity and shame involved.

It is true that the average male who has reached the age of adolescence knows whether there is a red light district in his community, whether there are other open houses of prostitution scattered about, particularly if any of them are in his own neighborhood. He knows also whether he or his friends are being accosted on the streets by prostitutes and whether this approach is bold or furtive. He often, however, does not feel any sense of personal damage from these conditions and,

unless he is strongly imbued with public spirit, he does not feel constrained to complain. Too often, also, he is deterred from complaining because he is afraid of being called a reformer or because someone has told him that these conditions are inevitable, or because he has read somewhere or been told that the best way to handle prostitution is to segregate it—in other words, to sweep the dirt into the corner and forget it.

The police, the judges, and the institutions, however, should not be required to shoulder all the blame in communities when results are known to be unsatisfactory nor even when the results are not known at all.

A community in the long run gets about the kind of municipal housecleaning it deserves and pays for. If it is ignorant or indifferent as to these problems, or if it elects or appoints judges and chiefs of police who have little training or special ability to grasp them or to carry out measures for solving them; if through its representatives it refuses to appropriate sufficient funds to secure such men or to give them necessary personnel or equipment to do anything constructive, such a community has only itself to blame.

A community which really desires to be clean needs, therefore, first of all, intelligent and well paid officials. If they are not intelligent they will be incapable of making any plan or of carrying out a plan that is provided for them. If they are not well paid they will of necessity devote only part time to their jobs or else they will be exposed to, and sometimes yield to, the serious temptations which beset the path of every official who attempts to curb the activities of law breakers.

Prostitution, like every other criminal activity, goes into politics, intrenches itself behind the unscrupulous precinct and ward leader, and uses every method of bribery, corruption, and intimidation to maintain itself free from interference. Even with enough intelligent and well paid officials, the problem of prostitution is sufficiently difficult of solution. In addition to difficulties which are common to all other problems of law enforcement, prostitution presents special problems of its

own. First, there is in most communities no unanimity of public opinion on the subject. In every community there are some honest people who still cling to the old idea that regulation and not repression is the proper policy to pursue. In spite of the complete refutation of the value and practicability of the regulation policy by Flexner in his book on "Prostitution in Europe," and his proof that regulation in Europe is rapidly dying out; in spite of the nationwide demonstration of the value of the repressive measures in our own country during the war, these people hark back to the old order and argue that the regulation of prostitution is better than its repression because repression scatters it into the better residential neighborhoods and endangers the virtue, not only of the growing boys there, but actually increases the seduction and even the rape of innocent girls and women. Of course there is no evidence in support of these arguments, but that doesn't matter to such people. Here again we can draw an analogy with the activities of the housewife. If she is so unfortunate as to have vermin in her house, does she sweep or drive it into a corner and try to keep it there? She does not. If she suffers from mice or rats she gets a cat or sets traps to catch them. She knows that such vermin breed rapidly and that her only solution is to get rid of all of it as quickly as possible. If she doesn't it soon spreads all over the house. Exactly the same thing happens in a city which permits prostitution to gain a firm foothold in a segregated or tolerated district in some out of the way corner of the city. The good news spreads all over the country and exploiters hurry from all about with their women to make hay while the sun shines. The district spreads and develops offshoots and the more intelligent and better looking prostitutes, as always, operate clandestinely outside the district wherever the "going is good." Such a city goes rapidly from bad to worse, and the officials first, and then the public, become corrupt and contented.

Another difficulty peculiar to prostitution is the disease



problem. Not only does prostitution strike at the integrity of the home and disrupt the family, but it carries in its train the most serious and devastating of all diseases, the venereal diseases. Prostitution and venereal diseases are so inextricably entangled that no one has yet succeeded in untangling them. It won't do for the doctor and the health officer to say that they have no interest or concern in prostitution or any moral question because that is tantamount to saying that they are not interested in the sources or means of spreading these dread diseases. The police and courts, on the other hand, cannot ignore the venereal diseases because no rehabilitation of prostitution and other sex delinquents is possible which does not include medical treatment for the venereal diseases which most of them have. Both groups, to make substantial headway, must interest themselves in the other's problems and work together for the solution of both. An important asset, therefore, to the police and courts is the unqualified support and cooperation of the Health Department and the medical profession.

The real tools of their profession, however, are adequate and humane laws; a sufficient number of well trained and supervised detectives to gather evidence; policewomen to do protective work; probation officers who understand probation and are not overloaded with too many cases or types of cases which will not benefit by probation; detention houses where preliminary investigations may be made; psychiatrists who know how to evaluate case histories as well as to determine intelligence quotients, and, on the basis of both, to forecast behavior under differing environments; institutions which make possible the separation of the beginners from the hardened offender; and, most important of all, some means of following up offenders in after years to check up the outcomes of the treatment given. It is for lack of this latter information more than any other lack that our progress has been halting and that there exists, so generally, a feeling of discouragement. For lack of such tools many communities don't know

what they are doing and almost none know what are the results of what they are doing.

My final analogy between domestic and municipal house-cleaning lies in the much overworked word cooperation.

A housewife who cannot secure the cooperation of her employed helpers, and also of her family, in keeping a clean house, is in a bad way. Doubtless it was this struggle to secure cooperation that the cynic had in mind when he said, about married life, that the first fifty years were the hardest. Nevertheless the male animal can be domesticated even if it takes fifty years, and most of us know of homes that seem always clean and in order without apparent friction or disharmony. In the same way the laws against prostitution *can* be enforced if the officials all work together. In many cities that I have visited I have found situations where the police claimed that the prosecuting attorneys were indifferent or antagonistic, or that the courts were constantly throwing out their cases on technicalities, or requiring more evidence to convict than any self-respecting policeman would secure. The prosecuting attorneys claimed that the police were inefficient, or that the laws were antiquated and unsuited to modern conditions. The judges echoed the same complaints against the other two branches of the city government, and added that their job was not to make the law or produce the evidence, but to interpret the one and rule upon the sufficiency of the other. It apparently never occurred to these officials to get together in the interest of efficiency and work out some plan of cooperation. If, after such a conference, it became plain to all that the laws were at fault, a joint recommendation for their amendment would carry weight in the community and with the legislature. If the police were at fault, their errors of commission or omission could be pointed out and the kind of evidence needed could be indicated. Similarly, if the prosecuting attorney needed education or conversion to the cause, he could receive it there, and both he and the judge could be made acquainted with the real difficulties of the police and in some way help to solve

them. As things are, the passing of the blame back and forth among these three has been developed to such an extent that the public often is hopelessly confused and discouraged. The net result is too often a dirty town, a waste of public funds, and profit only to the underworld.

Eternal vigilance, then, coupled with vigorous remedial action and cooperation between officials, backed by an informed and militant public opinion, should result in the average city being as clean and free from prostitution, at least in its commercialized aspects, as the average home is free from filth and vermin.

## ENVIRONMENT AS IT RELATES TO DELINQUENCY \*

HENRIETTA ADDITON

*American Social Hygiene Association*

The importance of environment in relation to delinquency is not a discovery of the modern social worker. Will Fern, in *The Chimes*, by Charles Dickens, makes a dramatic statement regarding it when he says "gentlemen, gentlemen, dealing with other men like me begin at the rigid end, give us in mercy better homes when we are lying in our cradles; give us better food when we are working for our lives; give us kinder laws to bring us back when we are gone wrong; and don't set Jail, Jail, Jail afore us everywhere we turn."

We are very dogmatic about our convictions as to the effect of environment. At countless meetings speakers have pointed out that bad housing, lack of wholesome recreation, the breakdown of the home and church, unfair industrial conditions are causes of delinquency. When frightened by what seems to be a crime wave, the man on the street shouts for stern repressive measures. We social workers marvel at his stupidity and we rail at him because he does not take more

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\* Summary of address presented at Conference of Juvenile Agencies, Kansas City, October 4, 1928.

interest in the causes of crime and in what we so glibly term "preventive measures."

We abound in generalizations on the subject of the relation of home and community surroundings to delinquency, but have we gathered any considerable body of factual material showing the causes of delinquency in specific concrete instances and have we synthesized our knowledge to make it most effective by working out programs for the prevention of delinquency based on its etiology?

Many studies have been made and are being made showing the conditions surrounding boys and girls who have become delinquent. Even the present inadequate case records point out enough obviously bad influence to account to us for any resulting bad conduct. Progress has been made for we have reached the realization that delinquency results from a great variety of interrelated factors rather than from one predominant cause. A few years ago social workers in making classifications, ascribed behavior to one immediate and obvious circumstance, such as "falling in love with a man who betrayed her," "a stepmother," "low wages," "a broken home." In a 1927 report of an agency with a reputation for good work, this heading was found: "*Chief Causes of Delinquency as far as could be ascertained in 785 cases:* Associating with Evil Companions, 280; Unfortunate Home Conditions, 233; Unfortunate Marriages, 52; Runaways to Engage in Vaudeville, 35; Apparently no Cause, 185." Many reports showing such classifications are still annually coming from the press, although there is an increasing appreciation of the fact that when our present case records are analyzed, it is safer to use the information found to show the conditions which have surrounded our clients rather than to point out specific causes of delinquency. Dr. Anne T. Bingham in an article, "Determinants of Sex Delinquency in Adolescent Girls," based on intensive studies of 500 cases (1923) emphasizes this when she comes to her section on Causative Factors. She says "the estimation of causative factors of delinquency is at all times

difficult and one hesitates to be dogmatic about a thing which may be as entirely evasive as are the actual determinants of conduct. During recent years, the remark has been frequently made that the causes of delinquency are very complex. As a result of our study of the problem we heartily concur in this opinion and we believe that it cannot be emphasized too often or too strongly. In dealing with cases, one by one, such tangible things as bad family history, unfavorable environment, undesirable friends, questionable amusements, physical handicaps, defective mental conditions may loom so large that one is inclined to consider that singly or combined, they are of prime importance as actual or immediate incentives to misbehavior, but it is certainly true that better perspective is obtained from weighing the results of larger numbers of similarly studied cases."

From 1923 to 1928 a study of the girls' case work agencies in Philadelphia was carried on, in the hope that from case records some of the causes of delinquency might be learned. A schedule had been prepared on which it was thought the information contained in the case histories might be summarized since these histories were quite voluminous. The schedules could not be used, however, because of inaccuracies in the face cards, contradictory statements in case histories, lack of uniformity in record keeping and a dearth of verified facts on many of the records. While it was not possible to isolate all the causes of a particular girl's delinquency, the records did contain information regarding the heredity and environment of the girls who came to the social agencies, and analysis confirmed the conclusions reached by similar studies that in the majority of instances when these girls became delinquent, it was in the nature of a logical consequence of what had gone before in their lives.

They have grown up in neighborhoods where disregard of the law was common. Many of them from their earliest days were familiar with the lowest forms of vice and immorality. Frequently the father or mother, or both, were living im-

morally. Even when the parents were struggling to preserve a decent atmosphere, the crowded living conditions prevented the growth of any of our conventional feelings of modesty. Often they were without the love and understanding for which they longed, and which, we are assured by psychologists and psychiatrists, children must have for normal personality development. Conditions surrounding them inevitably made them cynical regarding the precepts of church and school, thinking of them as things merely talked about, seldom practiced, and certainly not practicable in the world in which they lived.

Their histories show that most of the girls left school at a very early age. Seldom had their attendance been even fairly regular. When the mother, or foster-mother, was sick, they were kept out sometimes for weeks to help with the home and the younger children. Irregular attendance meant that they fell behind. Dislike of school grew, and often this was augmented by the fact that they felt their clothes were poor or queer. The teachers often reported that they were "difficult"; and when they approached the age when the law would permit them to go to work, they became increasingly so. At the first opportunity they left school to begin work, sometimes illegally. They were untrained; their work was usually hard, poorly paid; and the hours long. They changed jobs frequently, but seldom did they have the educational background or the special training required in a position which carries with it rewards, either in money, in the respect of fellow-workers or of family, or in creative satisfaction. The work histories of many of the delinquent girls show that during adolescence they have been under a physical strain which must have weakened their vitality and lowered their powers of resistance. A nerve-racking pressure to earn was forced upon most of them while they were yet children.

Facilities for making psychological examinations are still so inadequate that it is impossible to obtain conclusive data on the extent of feeble-mindedness among delinquent girls; but we know that a large number of the girls coming to the social agencies are so poorly equipped or adjusted mentally that under a stress of unfavorable conditions disaster is certain. However, as psychiatrists are pointing out, it has not been easy to distinguish between feeble-mindedness due to a defect or inherited lack in the brain, which is incurable, and

the stupidity or dullness which results from malnutrition, bad environment, and lack of opportunity throughout infancy and childhood.

The records studied which throw any light at all on the recreation of the girls indicate that they had little wholesome recreation or development of any cultural interests. Their spare time was spent in the public dance halls, in the movies, or on the streets.

In brief, the records of the Philadelphia girls' agencies show a sad procession of young girls who frequently started life with physical disabilities which were neglected, with mental handicaps not understood, and with social disadvantages of the most extreme kind. They have received little education or vocational training and were not only unprotected but have frequently received a large measure of encouragement on the downward path both from their own homes and from their communities.

At the time of examining these histories a number of other life histories were read which brought the contrast sharply home. Ramsay MacDonald in the charming story of his wife Margaret Ethel MacDonald describes in particular the period of her life between the ages of ten and twenty-five when she is surrounded by loving friends—he tells of pictures showing picnics and family gatherings. He used this phrase: "Life opened for her in sunny places." Ray Stanard Baker in his *Life of Woodrow Wilson* gives a particularly charming picture of evenings spent in The Presbyterian Manse in Augusta, Georgia, with the boy Woodrow stretched on the floor in the midst of the family group while his father read aloud to them. Mrs. Carleton Parker's "*An American Idyll*" and countless other biographies which have come out in the last few years describe vividly the protections and advantages afforded by a happy home life. Compare these biographies with the case histories showing the surroundings of the children who come to our social agencies. One of the most pathetic things to me in their home lives is the fact that so frequently there is no family gathering even at meal time where the problems of the day can be discussed, the finest elements of the group rela-

tionship often be developed. One case history showed that the children had snatched their food off the top of the stove or mantel piece standing, but when the oldest daughter had married, she and her husband had sat down together at a properly served meal. A social worker had suggested to her that she teach her mother and sisters how to set a table but she replied shamefacedly, "Oh they would laugh at me or call me highbrow."

Edwin Grant Conklin in "Heredity and Environment" points out that "so great is the power of environment on the development of personality that it may outweigh inheritance; a relatively poor inheritance with excellent environmental conditions often produces better results than a good inheritance with poor conditions. Of course, no sort of environment can do more than bring out the hereditary possibilities, but on the other hand, those possibilities must remain latent and undeveloped unless they are stimulated into activity by the environment." The response to environment is not always immediate. Walt Whitman has said: "There was a child who went forth every day, what that child saw became part of him for a day or for a year or for stretching cycles of years." Early surroundings, good or bad, may give a child's mind a certain bent which can never be changed. A physician at one of the clinics at a big Philadelphia Hospital said that a large proportion of the cases that come to them could have been prevented but only a few can be cured. It is particularly important then that the early environment be a continuously good one.

As to a good environment Conklin points out: "Only that environment and training are good which lead to the development of good habits and traits and to the suppression of bad ones. What we commonly call "good environment" is frequently the worst possible, what is often called a bad environment may be the best possible. We are all strangely blind with regard to these matters. We know of many cases in which men began their careers on a farm, in the backwoods, on a flat-boat, amidst hardships and discomforts of every



sort and yet who achieved great distinction. And we speak of such men as winning in spite of disadvantages, forgetting that often these very disadvantages, hardships, discomforts, have been stimuli which have given them sturdy bodies, good judgments, good morals, and have called forth all their best qualities. On the other hand under different circumstances or with different men such conditions may prove to be too hard, too severe, and the result be disastrous. But environment may be too good as well as too hard. Food may be too rich and too abundant for good health, life may be too easy and luxurious for the development of character. Luxury, easy lives, refined surroundings have less of educational value than we commonly suppose and they may be a positive menace. Any environment is bad, however cultured, refined or pleasant it may be, which leads to the development of bad traits of body or mind. In general the best environment is one which avoids extremes, one which is neither too easy nor too hard, one which calls for sustained effort and produces maximum efficiency of body and of mind."

In the study of girls' work in Philadelphia a case history was found of a family which had been under the care of a social agency for over twenty years. Three daughters had gone to the State Reformatory and the environment continued to be such that the younger children will probably follow in their footsteps. Yet all of us who have done case work can think of many families where only one member is delinquent; where siblings born and reared under similar conditions have behaved very differently. The psychiatrists and psychologists have helped us to understand this by pointing out that delinquency is the result of the effect of a certain environment upon a certain personality, and that the same environment affects different personalities differently. As social workers we want to remove all unfavorable environmental influences which are robbing our clients of their inherited personalities.

Professor J. Arthur Thomson, in the March, 1928, *Journal of Health and Empire* published in London, has a very interesting article called "The Trajectory of Life." In this article he tells of the young mound bird in Borneo which "struggles

out of the egg laid by its parents in a great heap of fermenting vegetation, and, on the day of its birth, makes its way into the scrub. An hour after hatching it is fending for itself; it has passed out of the egg into maturity with one great leap, skipping the whole juvenile period." Contrast this with the care which must be provided for a human being just during its helpless, ugly, fascinating infancy, to say nothing of the understanding and protection which many parents give throughout the entire period of childhood and adolescence.

Whatever may be our theories as to the comparative influence of heredity and environment, it is probable that we are all agreed that many individuals become social liabilities because of unfavorable surroundings who, given different environments, would have been social assets. Social workers then, not only must appreciate that every individual is unique and should be understood and treated according to his needs, but as Mr. Halbert has so clearly stated in his "What is Professional Social Work," "Social workers should be experts in the technique of making such change and adaptation in social organization and procedure as will advance human welfare."

How far are we as social workers living up to our responsibilities? We have examples of isolated studies but are we not frequently in our studies and in our reports too concerned with propaganda for a particular agency or cause? In time the Federation and Council of Social Agencies movement may help us to see and work for the needs of the whole community, but their job is difficult. Granting that the needs of a community are recognized how many social workers do you know who will give whole-hearted support to that part of the program which does not in some way contribute to the aggrandizement of their particular agency? There are some but the number is pitifully small. Social workers would all admit the importance of the development of mental hygiene clinics and of legislation regulating the employment of children, yet many mental hygiene workers and child labor propagandists

are both ignorant and contemptuous of the services provided by the other.

The Legal and Protective Measures Section of the American Social Hygiene Association has been concerned with many angles of social work:

“ The repression of prostitution, the promotion of sound legislation and effective law enforcement in support of social hygiene measures and of improvements in the organization and administration of police departments and of courts and institutions caring for sex offenders. The prevention of delinquency through the development of desirable and adequate recreational opportunities, the use of women police in the supervision of public recreational facilities and in the improvement of general community conditions and through the extension of the preventive work being carried on by child guidance clinics, vocational adjustment bureaus, visiting teacher associations and voluntary protective agencies.”

All workers in these fields should be concerned to see that the entire program is developed, yet frequently a worker is found not only indifferent but actively hostile towards developments in any field but his own. This may be explained by the fact that many social workers have had to struggle so hard to keep their particular movement alive that it is hard for them to look beyond that. Social workers too, are the products of their environment.

Probably everyone realizes that broken homes, economic stress and complicated environment affect conduct adversely and appreciates the theoretical importance of developing those elements of community life which will bring out the highest possibilities of every child. What we need to consider is how to develop programs toward that end—we need further to develop techniques for making scientific social studies which have no propaganda motives.

When we possess facts we must synthesize better our knowledge and activities if they are to be effective. Nothing can so bring home to one the tragedy of the community's failure

to provide all possible safeguards for its youth as a visit to the usual city court dealing with sex offenders.

As social workers we are responsible not only for seeing the roots of the system but for knowing how to dig them out. The individual, the city officials, court, city, and our entire social code must be taken into account, and the knowledge integrated and utilized. Only on such a basis can thorough-going correctional programs be launched.

## EDITORIALS

### GREETINGS TO DR. EMERSON

Social hygiene extends a hearty welcome to Dr. Kendall Emerson of Worcester, Massachusetts, newly elected Managing Director of the National Tuberculosis Association, who assumed his duties on October 1st. His long, varied and useful experience in public health and social betterment efforts will serve the united national health forces in good stead.

Nor is this welcome to Dr. Emerson tempered by the feeling that the helpful counsel and energetic stimulus of Dr. Linsly R. Williams, his predecessor, will be wholly lost. Even though Dr. Williams found it advisable to tender his resignation, owing to the heavy calls of other duties, none can doubt that he will manage to continue his notable contributions to the cause of human welfare as exemplified in the National Health Council while, at the same time, serving as Director of the New York Academy of Medicine and President of the New York Tuberculosis and Health Association.

While greeting Dr. Emerson with a cordial "Good morning," therefore, we are glad that the salutation to Dr. Williams is an "Au revoir" rather than "Farewell."

### SQUARELY UP TO GOVERNMENTS

The old order passeth in so far as reglementation of prostitution is concerned, and the time approaches when that insti-

tution will take its place on the scrap heap of civilization along with slavery and other outlawed methods of human exploitation. This passing is being materially hastened by the efforts of the League of Nations both through its appointment of the Special Body of Experts to study International Traffic in Women and Children and through its support of the recommendations made by that Body after their careful and comprehensive study.

When Abraham Flexner made his keen and searching study, the report of which was published in 1914 under the caption "Prostitution in Europe," the system was firmly entrenched—not for the reason that it was sound or logical, but because official opinion claimed value for it as a measure for supervision and regulation. The Flexner report showed the fallacy of this and of virtually every other argument advanced in favor of that policy by the proponents of regulation. Wherever tried the system "has failed and failed miserably" said this noted scientist after citing instances and reasons for these failures.

This report furnished a needed factual basis for the voluntary propaganda societies engaged in combating commercialized prostitution and it influenced, greatly, the thinking of influential persons in all parts of the world. But a report of this kind though of outstanding value—as attested by its widespread use and its translation into several foreign languages—still had no official standing and it is a most difficult task to influence governments against a program which, though opportunistic, had become firmly lodged in administrative procedure. Nevertheless the voluntary groups continued to agitate the question and to inform a gradually-widening circle of the public and of officialdom regarding the real significance of reglementation. "We have proved," was their challenge, "that this system is unsound, not only from the standpoint of ethics, but, also, from the standpoints of economics, social welfare, and public health."

So effective did this campaign of education become that

the basic questions involved were admitted to be of international importance and were recognized and acted on as such by the League of Nations, whose special body of experts submitted their report in March, 1927. When, therefore, on September 18, 1928, the League Assembly officially adopted the report and, in its resolution, urged that "the governments of all those countries which still retain the licensed-house system investigate the question as soon as possible in the light of the report made by the Body of Experts," it places authoritatively before the governments of the world an appeal to study and act. In the inspiring words of Lord Cushendun, representing the British Empire at this meeting of the Assembly, "we are told that after a careful study by experts of the question relating to the licensed-house system, a unanimous opinion has been given against that system. I cannot imagine that, in the face of such a recommendation as that, the governments concerned will not feel that a duty is cast upon them to leave the matter no longer where it rests at present . . . ."

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**The Sex Ratio.**—"The modern world is full of false ideas crystallized into axioms. It is these conglomerations of error which, more than anything else, frustrate every attempt to reach a satisfactory solution of the problem of the modern girl and her relation to society," says Meyrick Booth in the Nineteenth Century. (Reprinted in *Living Age*, September, 1928.)

For example popular opinion in England at the present time is that England now contains an immense excess of women over men (largely a result of the War), and that, in consequence, it has become necessary to train the girls in the mass for independent careers.

The excess of women over men in the European lands is now much smaller than it was at almost any period during the last five hundred or six hundred years. In modern England (with Wales) we have 18,500,000 males and 20,000,000 females, a ratio of 100 to 108. Figures for England and Wales by age groups show that under twenty-five there is virtually no excess of females.

The average person is fixed in the belief that whereas 100 years ago it was possible for the great majority of women to marry, this is now out of the question as there are "not enough men to go around." It is apparently held that all men are married, and the large body of unmarried women in our midst represent those who are "left on the shelf." Very few people know that there are some 2,500,000 unmarried men in the best marriageable ages.

The really decisive matter is not the ratio of men and women in the whole population, but the ratio during the marriageable ages. The figures for England and Wales (1926) are: women of marriageable age (20-45) about 7,900,000; men of marriageable age (20-50) about 8,000,000. Out of the total number 7,900,000 of women of

marriageable age 3,000,000 are unmarried. Allowing for the women who simply do not wish to marry there must still be some other factors necessary to account for the discrepancy between the number of women who *might* marry and those who *do*.

There cannot be the slightest doubt that the general tendency of the present lay education of girls is largely responsible for the immense array of unmarried women in our midst. A machine which grinds out, year by year, hundreds of thousands of young women equipped solely with a view to competing with men in industry and business must of necessity create social conditions highly unfavorable to marriage and home life. The struggle to learn a family wage or salary is thus made difficult for the average man.

Would it not be in the national interest to aim at reducing the mass of single women and building up the sinking domestic life of England, rather than to go on with the present system, by which we deliberately train battalions of young women to intensify the struggle of life?

The real trouble is that we are hopelessly entangled in a vicious circle. The fact remains that it is the flooding of the labor market with young women that has more than anything else lowered the chance of marriage for the modern girl. Girls must earn their living because they cannot marry. Why cannot they marry? Because there are so many girls earning their living.

To the young man his success is a matter of life and death, whereas a very considerable fraction of his girl competitors are merely seeing life and amusing themselves for a year or two while they look for a husband.

Girls are not boys. They never have been, and they never will be. The attempt to banish sex and set up an abstraction called sex equality is so futile, so false to life and all its relations, that, pursuing this path, we stumble from one impossible position into another. The result is millions of men without work and millions of women without children.

The schools regard marriage as something of altogether secondary importance, although it is as important for the nation to possess well-trained wives and mothers, as it is for it to possess efficient sailors and engineers.

Our education system is under the influence of an individualistic and absolutely non-social philosophy of life. Its aim is to fit the



pupils for successful individual careers. The interests of the individual conflict with those of the community. If once the sociocentric standpoint were to prevail, we should attempt to order our life in some definite way with the view of eliminating anti-social sex conflict and establishing harmony and cooperation between men and women.

**Takes Up Noguchi's Work.**—Dr. Henry R. Muller, former pathologist at St. Luke's Hospital, and privileged member of the Academy of Medicine of Cleveland, has accepted an appointment with the Rockefeller Institute in New York. He will assume work in problems which engaged Dr. Hideyo Noguchi at the time of his recent tragic death from yellow fever.

Dr. Muller was associated with Dr. Noguchi in 1923 and 1924 in yellow fever research in Brazil and Central America. Later he was engaged in similar work in Africa (from 1925 to 1927). Dr. Muller will be an Associate in the Department of Pathology and Bacteriology of which Dr. Simon Flexner is the head.

**"Public Health and Hygiene."**—A second and thorough revised edition of "Public Health and Hygiene" edited by Dr. William H. Park, Director of the Research Laboratories of the New York City Department of Health, has recently come from the press.

There are seven new subjects added, and others brought up to date. The chapter, "Social Hygiene or the So-called Control of Venereal Diseases," was prepared by Dr. Edward H. March and Dr. Albert Pfeiffer and is a very important one.

**Parents Need Help.**—An editorial in the Federal Council Bulletin (September, 1928), under the heading "Helping Parents to Help Their Children," says: "How few children, or young people even, receive any worthy education on one of the most vital aspects of living. We give our best attention to fitting them for their vocation, for their participation in civic affairs, for their appreciation of the world's culture. But to prepare boys and girls for their relationship with each other, for marriage and home-making—that is, for the phase of life on which character and happiness and social well-being all intimately depend—countless parents do virtually nothing at all.

A conspiracy of silence there almost seems to have been, keeping children and youth from learning in a wholesome way about the place

and nature of sex in human experience. The result is that they have been left to pick up such information, or misinformation, as they could, in quarters that cheapen and vulgarize what ought to be the most beautiful and ennobling element in life.

Why do devoted parents fail in this fateful way?

Chiefly because they are themselves in a state of confusion on the whole subject. They cannot give help because they themselves need help.

This condition lays upon the Church a responsibility which it is meeting with pitiful meagerness. How few churches today are assisting fathers and mothers, in any concrete and definite way, to discharge the duty and the privilege of training their children to understand the meaning of sex and to take right attitudes toward it.

Some churches *are* doing so, simply and successfully. Let Buffalo testify. With the cooperation of the Federal Council of the Churches and the American Social Hygiene Association, the Buffalo Council of Churches last year for the first time enlisted the interest of a few pastors in organizing parents' classes in the training of children with special reference to their sex-education. A simple course of training for the leaders of these classes was provided, under the direction of a gifted and high-minded physician.

The ministers who carried out the plan in their congregations now say that it was the most rewarding part of the year's work. One even declares, "It was the finest thing in my entire pastorate." And the parents are not slow to say that nothing that their church has done for them has been of more real help or been more gratefully welcomed.

**What the Physician Thinks.**—In a questionnaire recently sent out in New York State, physicians were asked to give their opinions regarding the trend of syphilis and gonorrhea.

More than two thousand gave some answer, although 359 of these stated that they didn't know. Definite opinions were expressed by 1,826 as follows:

Decrease	961	52.5 per cent
No change	445	24.4 per cent
Increase	420	23.1 per cent

The causes to which physicians attribute changes in the trend of these diseases are interesting and are summarized below:

Decrease in Incidence		Increase in Incidence	
Education . . . . .	353	Moral laxity . . . . .	121
Prophylaxis . . . . .	116	Better diagnosis . . . . .	61
Clinics . . . . .	52	Prohibition . . . . .	40
Modern treatment . . . . .	43	Ignorance . . . . .	29
Prohibition . . . . .	40	Prostitutes . . . . .	21
Closing redlight districts . . .	13	Drug store treatment . . . . .	12
		Clinics . . . . .	5

The causes for increase excepting better diagnosis which only makes for apparent increase are all problems which can be solved by real hygiene education. Although education was given more than twice as often as any other cause for decrease, nevertheless the belief of the minority of the medical profession that these diseases are increasing due to causes all of which can be overcome by developing proper sex attitudes—and the realization that treatment must be by ethical physicians—emphasizes the need for intensifying the educational program.

—Health News, October 1, 1928.

**Hungarian Social Hygiene Institute.**—There has recently been established in Budapest a State social-hygiene institute, under the National Ministry of Health and supported by the State. Its director is Dr. George Gortvay. The institute comprises a department of medical statistics and eugenics, of which it is expected that Dr. Karl Schubert will have charge. There will be a department of child welfare and of industrial hygiene. Other work will deal with alcoholism and venereal disease. The existing social museum of Budapest will, it is understood, be incorporated in the new Institute.

**Social Hygiene Work by the Parent-Teacher Associations.**—An article by Mrs. Giles Scott Rafter, in *School Life*, September, 1928, outlines the educational program developed by the Board of Education, the Social Hygiene Society and the District of Columbia branch of the National Congress of Parents and Teachers. Writing in particular of the parent-teacher work, she says: After years of work and experience we have conclusively demonstrated the fact that instruction in social hygiene is a home duty, the child's birthright. If the parent is untrained and unable, through lack of knowledge, to instruct his child in the facts of reproduction, then more than

ever it is the duty of the parent-teacher leaders to do more than appoint social hygiene chairmen.

The parents of the past and many of the present day are entirely too willing to leave to the schools the responsibility for the moral, physical, and intellectual development of their children.

Many schools coordinate this instruction with nature study, biology, and other sciences, and the child unknowingly absorbs the great truths of reproduction. Fortunate the child whose parents have wisely answered and directed his curiosity in seeking for the unknown, and who are in touch with what the school is doing along these lines.

The home cannot do this work alone, because the home does not stand alone; neither can the school do it alone, because the child spends only a small part of his life under the guidance of the teacher.

Dr. Galloway was quoted by Mrs. Scott, as saying "The community agencies which must effectively influence the young, in this as in other aspects of character and conduct, are: (1) their families, (2) their companions, (3) the schools, (4) the church and its educational instruments, and (5) the general opinions and standards of their community. Fair play to our children demands that all of these contribute the best that is possible.

"The work which is just now being done in Washington, D. C., on behalf of chosen representatives of the Parent-Teacher Association and the leaders in other agencies is all arranged to this end. A body of some 50-60 such representatives of the parent-teacher organization is studying together under a leader the problems of sex education in the homes, in order that they in turn may be fitted to lead the study of other parents, as well as to meet the needs of their own children."

This work in the District of Columbia has, in a period of three years, grown from a small group of mothers in a local association to a state-wide development.

**Classes for Parents.**—Classes in parenthood were organized this autumn by the Kansas City Social Hygiene Society through the churches, to aid parents in teaching their children the essentials of life.

Admission to the classes was based on parentage only, no fee being required. The classes were built around neighborhood centers or churches. The course was conducted for six weeks with one class

each week, "Parenthood and the Character Training of Children," by Dr. T. W. Galloway being used as the textbook.

Kansas City, for the first time, offered also a course of study for expectant mothers.

**The Campaign Against Venereal Disease.**—The World's Health for June, 1928, devotes its entire issue to a consideration of this campaign. The purpose of the International Union, the account of the part that the League of Red Cross Societies and other organizations play, and reports of different countries regarding their work in the field of venereal diseases are included.

Professor A. Bayet, Chairman of the Union says, "The foundation of the International Union against Venereal Disease was the logical and inevitable outcome of the general campaign against the venereal diseases which has developed in every country since the Armistice.

"The need soon made itself felt for a coordination of individual efforts and for a plan of campaign based on a uniform programme applicable to every country; the universal spread of the venereal diseases had to be met by unity and combination among the opposing forces. . . . The Union will, therefore, be primarily an organ of unification, coordination and generalization of the various activities in the campaign against venereal diseases. It will also act as a centralizing agency for information from the different countries, for statistics, propaganda, material and information regarding studies on the prevention of the venereal diseases. This alone would be sufficient to justify the existence of an International Union. Other activities, however, will also claim the Union's attention, among them being studies of venereal disease prophylaxis in ports, treatment in the merchant marine, international measures against quackery, legal responsibility, compulsory notification and treatment, and the supervision of emigration and immigration."

To some the thought that the Red Cross should give its support to a campaign against disease may seem strange, yet the peace-time programme of the Red Cross includes, side by side with disaster relief, the prevention of disease and the saving of human life by the improvement of health conditions.

There is close collaboration between the activities of the League and those of the Union.

The following are extracts from the accounts of the methods used, work done, and results accomplished in the various countries interested in the campaign against venereal disease throughout the world.

*Austria:* The Austrian Ministry of Health formulated a decree soon after the war, which provided that anybody suffering from a venereal disease must be examined and treated. Doctors were obliged to report only such cases as were infectious. In order to facilitate treatment consulting centers and free dispensaries were established.

As a result of this decree a large number of dispensaries were established in 1919 and 1920 both in the urban and rural districts, but most of these have been discontinued as the number of patients decreased to such an extent that they were no longer necessary.

Most of the hospitals have an out-patient section for persons suffering from venereal disease. One of the hospitals is for women, and includes a social relief service.

The regulation of prostitution, which is tolerated in Austria, is based on certain legal provisions introduced some time ago. The number of registered prostitutes is decreasing. The two institutions, the "Austrian Society for Combating Venereal Disease," and the "Caritas Socialis" are both subsidized by the State.

*Belgium:* The post-war situation was exceedingly serious, and emergency measures were taken by the Government to check the spread of the venereal diseases. Many small dispensaries and consultation services were provided. The Belgian National League devoted its attention to coordinating activities, to acquainting the nation of the dangers of this disease, the means of combating it, and to breaking down the idea of dishonor generally associated with it.

The combined action of the Government and the League, the support given by the communal and provincial authorities, the remarkable activity displayed by the medical profession have, within a period of four years, succeeded in reducing the number of cases of syphilis by 80 per cent.

*Brazil:* The organization in Brazil for combating the venereal diseases has been in existence but seven years, and owing to the size of the country progress has necessarily been slow.

Figures are available which show progress has been made in Rio de Janeiro. There has been an appreciable decline in the percentage of cases of infectious syphilitics treated in its dispensaries, and

pre-natal and post-natal treatment for syphilitic women has resulted in a reduction of abortions and still-births.

*Bulgaria:* Until recent years the State control of prostitution was the only measure taken for the repression of venereal diseases. At present a campaign is being conducted by the State and the Bulgarian Dermatological Society.

Accurate information as to the nature of the diseases, their consequences for the individual, the family and public health is being disseminated. Examination and treatment of persons who have contracted the diseases are gratuitous, the expenses are borne by the State in case the individual is unable to pay. The present laws are inadequate, and a new one is at present being discussed in Parliament. Prostitution is controlled, but this system having proved to be ineffective the majority of the Communes have abolished it, but have failed to replace it by more effective means.

*Canada:* Marking the first occasion on which the Federal Government of Dominion of Canada has cooperated with the various Provincial Governments in an attack on a specific disease, a concentrated drive against venereal disease was undertaken in Canada in 1919. The campaign was divided into three sections: free treatment, free examination, and educational measures.

Clinics were established, practically from coast to coast. Since the beginning of the campaign more than one hundred thousand persons have been reported as brought under treatment and more than three million treatments have been given.

The educational activities have covered a wide field. Books, pamphlets, the newspaper, moving-picture films, traveling exhibits and lectures have reached large numbers. One important item in the Council's activities has been the compilation, in convenient form, of accepted methods of treatment and accurate general information concerning venereal disease. This work, representing three years' activity on the part of the National Medical Committee has just been completed. It has been published by the Federal Department of Health, Canada, and a copy has been put in the hands of every practicing physician in the country.

*Czecho-Slovakia:* The Society for the Prevention of Venereal Diseases was organized as a local institution in Prague in 1916, and converted into a national society in 1922.

The Society has organized a public information bureau, provides an annual course of lectures for doctors. These lectures not only give clinical information but also will cover social and administrative problems in the prevention of venereal disease; and has developed a system of dispensaries.

*Estonia:* The Republic is divided into eleven administrative districts, which in turn are subdivided into 113 medical districts. Each medical district has a medical officer of health and often several practitioners. Each administrative district has an infirmary with a section for venereal disease.

Medical officers are obliged to treat patients suffering from venereal disease free of charge, and municipal and communal infirmaries are obliged to accept patients in the first stage of infection for free treatment. All costs are paid by the State. Registration has been in force since 1922, but patients are not required to give their names, but date of birth and occupation are required.

Prostitutes are registered by the public health institutions of the large towns; they are subject to preventive treatment by the medical officers of health. All prostitutes in the contagious stage are sent to hospital for compulsory treatment. Brothels have been abolished.

The Health Museum at Tartu organizes traveling exhibitions throughout the country. Films and lectures are utilized and lessons in hygiene in the upper classes of the schools also include instruction in venereal disease prevention.

*France:* The French National League against Venereal Disease was founded in 1923, and included practically all the experts in syphilis and pathology in France. The League has worked along two lines: establishing dispensaries and carrying on active propaganda.

The League has organized and opened eight dispensaries and others are to follow. An attempt is being made to provide treatment for poor persons unable to pay for the service. The School of Serology has been founded and in 1927 was attached to the Paris Faculty of Medicine.

The League has used lectures, wireless talks, posters, pamphlets and plays to carry out its program of providing propaganda.

There is also the French Society for Prophylactic Hygiene and Morals. Its three main objects are: (1) the study of prophylactic problems and the recommendation of all necessary measures; (2) public propaganda; (3) publication of works on prophylaxis.



It works in close liaison with the French National League. For over twenty-seven years it has carried on its work, and extended its propaganda.

*Germany:* The German Association for the Prevention of the Venereal Diseases was formed in 1920. It aims at three distinct objects: education of the public, scientific research, and appropriate legislation.

Here as in other countries films, posters, pamphlets are widely used. Special attention has been given to the matter of presenting courses of sex instruction to teachers and parents.

The scientific work of the German Association has not been confined to medical matters, but has been extended to statistics, economics, law and social hygiene.

An anti-venereal bill has been prepared, covering provisions for abolition of police control of prostitution and punishment for persons not recognized as doctors who treat persons with venereal disease.

The destitute and persons with limited means are treated free of charge.

*Great Britain:* The Council was constituted in 1914, recognized by the Government in 1916 and the scope of its work extended in 1925 and the name "The National Council for Combating Venereal Diseases" was changed to "The British Social Hygiene Council."

Affiliated Councils, Branches and Corresponding Secretaries exist throughout the Empire, including India, Canada, South Africa, Australia, New Zealand and the West Indies, etc. All such councils are recognized by their local Governments and in many cases carry out official programs financed by them.

The activities of the Council have included the following:

Promoting the provision of facilities for free treatment.

Organizing conferences with authorities of numerous voluntary hospitals to secure their cooperation in the Government scheme by allowing clinics on hospital premises, 1916-1919.

Securing the alternation of the regulations of National Health Insurance which would enable those suffering from venereal diseases to receive benefit, 1916-1920.

Promoting the extension of curricula in Teachers' Training Colleges to include the biological sciences, and, where desired, providing lectures for such courses.

Cooperating with social organizations to promote adequate after-care for infected women and girls.

Providing during the war period, medical lectures for the Army, Navy and Air Force.

Promoting or supporting legislation which included V. D. Act 1917; Amendment of the Merchant Shipping Act 1923; Criminal Law Amendment Act 1922; Bastardy Act 1925; and Amendment 1928.

Visiting, under the egis of the Colonial Office the colonies in the Far East, in the West Indies and in the Mediterranean to confer with the authorities on the problem of social hygiene and to advise on practical method of dealing with the local situation, 1920-1921.

Visiting Cyprus and India at the invitation of four of the Provincial and two of the State Governments, 1926.

Activities other than these include the providing of publicity, through letters, interviews, lectures, exhibits and the press.

*Greece:* The campaign in Greece is carried on by the Health Department of the Ministry of Health, Social Welfare and Relief; and measures taken against venereal diseases are legislative, administrative and medical.

In 1922 a law came into force which provided that everything connected with the campaign against venereal disease and the regulation of prostitution be controlled by the Central Commission.

This Central Commission regulates the "Maisons toleries," the obligations of the prostitutes, their business relations with the women who keep these houses, and also imposes measures of hygiene and prophylaxis. The Commission has considered the problem of unregistered prostitutes and the white slave traffic.

The Health Department in the campaign improved the hospitals and dispensaries and established new ones to facilitate and render more effective the treatment of the masses who were infected with venereal disease.

Effort has been made to instruct the members of the Community chiefly through the media of lectures and pamphlets.

*Hungary:* The Association of Hungary, "Teleia," has been in existence for thirty-five years. The growth of the work of the Association has been most encouraging. Pamphlets, lectures, plays and films have played the usual part in educating the public. Free public clinics have been established.

In 1924 the "Teleia" instituted offices where medical advice could be obtained on matrimonial problems.

The cost of the laboratory dispensary and propaganda are covered by the municipal authorities and by the contributions paid by the members of the Association.

*Italy:* Italy uses the system of regulation. Medical inspection is imposed on certain classes of both sexes, which more than the remainder of the population are liable to contract and spread these diseases. Army doctors are responsible for the frequent medical inspection of the regiments placed under their care. While prostitutes remain in brothels they are subjected to continuous supervision in order that they may not infect those with whom they come in contact.

The Italian laws on the compulsory notification of venereal disease are restricted to the following cases:

Women in brothels found to be suffering with this disease, men and women frequenting schools, training establishments and relief institutions, factories and in general belonging to any civil or military group.

Anti-venereal dispensaries have been established throughout the country. Recently there has been organized a number of pre-natal and infant consultation centers. Special arrangements have been made at seaport towns to care for seamen.

The Opera Nazionale Dopolavoro endeavors to prevent idleness amongst workers during their leisure hours and holidays by inducing them to take up some suitable form of recreation and by providing them with intelligently organized amusements and sports.

*Japan:* The beginning of the so-called "pleasure" quarters in Japan occurred in 1615 when prostitutes were transported from Yedo to Yoshiwara and prohibited from carrying on their profession elsewhere. In 1876 the Minister of the Interior gave orders for the compulsory examination of registered prostitutes. In 1900 further regulations were passed and provision was made for the supervision of "geishas," women employed in eating-houses, tea-houses and "maisons toleries."

The regulations provide that to become a prostitute a woman must be eighteen years of age. She must obtain a license from the police authorities, and before being entered as a licensed prostitute she must submit to a medical examination. A prostitute must live within

a certain fixed locality and may not exercise her profession elsewhere than in the officially listed houses.

In practice these quarters are provided with a medical institution for the use of prostitutes in which medical examinations are held at least every five or seven days. If a prostitute is found to be infected with a venereal disease she is sent to a special hospital where she is given treatment. She is not allowed to resume her profession until her health has been completely restored.

Supervision of unregistered prostitutes is also enforced. A woman who has practiced secret prostitution and any person abetting her are punished by imprisonment not exceeding thirty days. She must be medically examined and if found to be infected is sent to a special hospital.

A public dispensary for venereal diseases has been founded in Tokio; patients are treated free of charge. Steps are being taken for the prevention of ophthalmia neonatorum by instructing the midwives.

Both the central and the local authorities are making efforts to educate the public in regard to the dangers of the venereal diseases. Aside from popular lectures, pamphlets and tracts, etc., the Association has held special classes for practitioners.

*Luxemburg:* The problems of the prevention of venereal diseases first engaged the attention of the Social and School Hygiene Society in 1926.

In 1925 the Government appointed a special committee whose duty it was to examine the measures to be taken in stamping out venereal diseases and to submit recommendations regarding this problem.

The Committee submitted to the Government a number of proposals which, however, were only partly put into operation.

The Committee devoted its special attention to the free treatment of poor persons. A bill requiring that no marriage shall take place unless the persons shall have a medical certificate, not more than three days old, stating that from the point of view of hygiene they are fit and proper persons to marry, has been adopted.

*Netherlands:* "To prevent and to save" is the motto adopted by Dutch Society for the Prevention of Venereal Diseases.

Medical treatment is provided for the sick, care is given to the

unmarried mother and seamen's welfare work is being done. Recreation of a healthy nature is provided. Information is widely distributed. At present efforts are being made to introduce appropriate legislative measures.

*Spain:* Control of prostitution has been in existence for some time but recently a more extensive campaign against venereal diseases has been conducted. In 1922 an anti-venereal dispensary was established, supplementing the unofficial work done by smaller dispensaries. Free treatment is given to patients who cannot pay. A medical inspection of prostitutes is made twice weekly, but more importance is attached to therapeutic action than to supervision.

*Switzerland:* The Swiss Society for the Prevention of Venereal Disease was founded in 1918. An active propaganda programme was conducted by means of lectures, illustrated by lantern slides, to the civilian and military population, by demonstration models, tracts, and pamphlets.

An investigation covering a period of one year was carried out, and on the basis of the information obtained the Society directed its attention to the working classes, hotel and restaurant staffs, students and soldiers. A special brochure was published for each group, and preparation is being made for other special pamphlets.

The Society bears the cost of drugs. The dispensaries receive a large number of patients, and the results so far accomplished have led to the belief that the number of persons presenting themselves for treatment in the early stages of the disease is increasing and that they generally continue the treatment until danger of infection is passed.

The Society is opposed to the official control of prostitution. A Protection Bill has been drafted in the Canton of Vand which if passed will constitute the first legislative measure for compulsory treatment of these diseases.

*United States of America:* The American Social Hygiene Association is a national voluntary organization for combating the venereal diseases and for the promotion of other social hygiene activities. Prior to its organization in 1914, the various phases of the work were covered by several agencies. This Association in its campaign against the venereal diseases, attacks the problem through a series of diversions.

The Division of Public Information keeps the public informed about all activities through pamphlets, exhibits, lectures, newspapers and general publicity including radio talks.

The Division of Medical Measures directs its efforts toward securing more effective means of diagnosis, treatment, and control of individuals infected with the venereal diseases. Research work is carried on, efforts have been made to suppress the advertisement and sale of "patent" remedies, and incidence surveys are made in selected cities, and a program of follow-up activities carried out.

The Division of Legal Measures assists in the drafting of laws and ordinances which aid the elimination of commercialized prostitution, and advises in matters pertaining to the enforcement of such laws. Cooperation has been given to international investigations and the preparation of reports. Recreation and environment are studied in order to incorporate adequate safeguards and protective measures in the field.

The Division of Educational Measures promotes such character education and training from childhood to adult life as may develop right attitudes, ideals and behavior in respect to sex in its broadest sense. Educational measures are considered to be the greatest factor for ultimate success in the whole field of social hygiene, though the immediate results may not be so tangible as those from medical and legal activities.

This is but a skeleton outline of the aims and activities of the American Social Hygiene Association.

—Abstract from *World Health*, June, 1928.

**Post Graduate Book Helps.**—"Education is neither prolonged schooling, nor encyclopedic knowledge, nor vocational efficiency, but a critical discrimination, an art of living, a spiritual experience. It is not to be acquired by any sleight-of-hand shortcut; yet anyone can have it who seeks wisdom with a single heart."

There has been a desire among college graduates for a liaison between their detachment and the frontiers of discovery in arts, literature, science, government, economics, philosophy, and human relations. Last year The University of Pittsburgh, conscious of this desire, projected a program of varied educational services, lectures, syllabi, etc., in cooperation with such institutions as the Allegheny Observatory and Carnegie Institute and Library. The most immedi-

ately profitable seemed a series of "Alumni Reading Lists." The lists consist of eight-page pamphlets with a brief introduction sketching the background of the field, followed by annotations and bibliographical data. Four lists have been printed and others are to follow.

The project has attracted the favorable attention of the American Library Association and the Carnegie Foundation's Study of the Continuation of Intellectual Relations between Colleges and Alumni.

**A Travel Study.**—Miss Daisy R. Curtis, a policewoman of Adelaide, South Australia, under the Spence Scholarship has been making a study of social conditions in different countries. This Scholarship was established by the citizens of South Australia in memory of Mrs. Catherine Helen Spence, a social and moral reformer, and provides for special investigation studies abroad. Miss Curtis left Adelaide, April 13th, and went first to England. She had three months training in the Josephine Butler Training House for Social Workers; while there she took courses in Ethics, Sex Purity, and did practical field work. She attended the Social Hygiene Conference in Kelbe College, Oxford. Miss Curtis was present at the International Council of Women's Congress as an Associate Delegate, in Geneva. At this time she was able to meet internationally known women, and to interview Dame Rachel Crowdy. She visited Scotland, Norway, and Denmark; and is now in this country. While in New York she visited the headquarters of the American Social Hygiene Association, and later attended the Regional Conference held in Louisville, Ky.

While the primary purpose of Miss Curtis' work has been to study the accomplishments and methods of policewomen, her interest has not been limited, and other related problems and questions have occupied her time. She hopes to carry back to her own people up-to-date methods and to stimulate her countrymen to further progress in social lines.

**Orientation in Social Hygiene.**—The Trained Nurse and Hospital Review (August, 1928) carries an article by Peter Kasius, Executive Secretary, Missouri Social Hygiene Association, entitled "Orientation in Social Hygiene."

In summation he says "It is therefore of first importance that those

who in any way, directly or indirectly, contribute toward the attainment of its end (*i.e.*, those of social hygiene), understand its orientation in the whole field of social endeavor, including the field of public health. With such an understanding we can achieve a truly effective mobilization of the sanitary, medical, legal, educational, ethical, and social resources of the community, each service contributing its share to the joint task of making the community, socially and hygienically, a better place in which to live."

**Dr. Kendall Emerson to Direct Tuberculosis Association.**—Dr. Kendall Emerson of Worcester, Massachusetts, was elected Managing Director of the National Tuberculosis Association at a regular meeting of the Executive Committee held in Des Moines, September 17.

Dr. Emerson was born in 1875 and received the degree of B.A. from Amherst in 1897 and M.A. (Honorary) in 1922. He was graduated from Harvard University Medical School in 1901 and served an internship at the Massachusetts General Hospital, later engaging in general practice at Worcester, gradually specializing in bone and joint surgery.

In 1916 Dr. Emerson went to France as a major in the Royal Army Medical Corps, later serving in the American army, and after the armistice became attached to the American Red Cross, serving in Siberia and later at Washington. From 1919 to 1921 in Paris he was Deputy Commissioner and director of the Medical Service for Europe under the direction of Robert E. Olds.

In 1922 Dr. Emerson became chairman of the Worcester County Tuberculosis Association, and shortly after, a director of the Massachusetts Tuberculosis League. In 1926 he was elected president of the League and a representative director of the National Tuberculosis Association, becoming a member of the executive committee in 1927.

**Research Bureau Reports Progress.**—A number of the major studies of the Research Bureau of the Welfare Council of New York have been pushed on toward completion during the summer and it will not be long before some of the reports of the investigations will be made public.

In the Health Inventory preliminary reports have been drafted for all of the thirteen fields covered by the study. The findings on three sections of the Health Inventory—those dealing with baby health, pre-



school and school child service—have been accepted by the Health Division Council and the findings in the fields of maternity, health examination and venereal disease service have been received by the Health Division Council. It is expected that the drafts in all of the remaining sections will be circulated for criticism and suggestions early in the autumn.

*Better Times*, September 17, 1928.

### ASSOCIATION NOTES

The International Urological Congress held in Paris, in October, was attended by Dr. Edward L. Keyes, President of the Association.

Dr. John H. Stokes, Professor of Dermatology and Syphilology of the University of Pennsylvania, and member of the Board of Directors of the American Social Hygiene Association, attended and participated in the Conference at Geneva called by the League of Nations, Health Section, in October, to consider international standards on treatment of syphilis.

While on the Continent both Dr. Keyes and Dr. Stokes visited a number of European clinics and teaching centers before they returned to the United States.

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The Association has recently prepared material to be placed in the exhibit room of the new building of public health in Yale University. The exhibit consists of posters, statistical charts and scrapbooks made up of reprints and pamphlets. It is expected that the exhibit room will be extensively used both by the student body and the faculty members.

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The staff members of the Association have recently completed two articles, "Social Hygiene," and "Venereal Disease Control in the United States" for the Encyclopedia Britannica. This was done at the invitation of the editorial board of the new edition.

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Eight thousand five hundred librarians have recently been circularized in an effort to acquaint them with the services which the Association is prepared to render. Inclosed with the letters were

copies of the booklet "A Classified List of Social Hygiene Publications," and attention was called to the publications of the Association, the inter-library loan privileges, the advisory service and other available means for the promotion and extension of social hygiene information.

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Some of the officers and members of the American Social Hygiene Association who attended the meetings at Louisville and Chicago were asked to take part in a number of related conferences in these regions. Dr. Anna Garlin Spencer spoke to a group of Unitarians while in Louisville, and en route addressed the Cincinnati Social Hygiene Society and several college groups. Student conferences held the week of October 15 enlisted the services of Professor Maurice A. Bigelow. Local civic and social organizations invited other members to address them and to broadcast from Louisville. Among those taking part in these meetings were Dr. Parker, Dr. Galloway, Dr. Bigelow and Mr. Miner.

### THE FORUM

*The JOURNAL will publish selected letters or excerpts considered of general interest, assuming no responsibility for the opinions expressed therein. Communications must be signed, but publication of signatures will be withheld when so requested.*

#### WHAT SOME LIBRARIANS SAY

The publication of the Special Book Review Number of the JOURNAL OF SOCIAL OF HYGIENE (June, 1928) brought many letters from libraries expressing their opinions regarding this issue. Following are excerpts from some of the communications received:

I have looked over the June issue and believe that the book reviews published therein will be very helpful, particularly those that have been written by experts in the profession of Social Hygiene.

I have nothing but praise for your special book review issue. A librarian is very dependent on reviews and appreciates good ones.

The Special Book Review issue of the JOURNAL OF SOCIAL HYGIENE will be of value as the reviews are concisely written and with the clearly defined attitude of scientific criticism admired by the social worker.

It is difficult to know what books to buy on hygiene and the signed reviews are very helpful.

June Book Reviews decidedly worth while.

Your reviews are of greatest interest to us, and are very helpful to our library.

I noticed your special book review issue of the JOURNAL OF SOCIAL HYGIENE for June, glanced at the reviews with profit and appreciation and congratulate you on the accomplishment.

We try to purchase reliable publications in the field of public health, and complete signed reviews signed by people well known in their respective fields are very helpful.

We hope that you continue this issue.

The reviews seem to me excellent.

Including book reviews in a journal is, of course, an aid to readers and especially to librarians. I see no advantage however in having a Special Book Review number.

COMMITTEE OF FIFTEEN

Chicago, Ill.

*To the Editor:*

June 14, 1928.

In gathering material for a comparative study of locations of vice resorts in Chicago during the past twenty-five years I came across at noon yesterday an item dated 1894 that sounds so recent that it might have been written by Doctor Galloway for his next book.

Listen to this: "The present state of affairs results from the want of proper knowledge regarding self. The cause for prostitution will continue until it is made honorable for the two sexes to seek knowledge of self and their duties toward each other. The most important things of human life ought never to make an honest educated man or woman blush. It is ignorance that causes shame."

But, curiously enough, it is quoted from a letter which Vina Fields, a negress, keeper of a notorious house of prostitution in which there were sixty negro girls available for white patronage in Chicago during the World's Fair, wrote to William T. Stead as recorded by him in his book, "If Christ Came to Chicago," Laird & Lee, Publishers, Chicago, 1894.

The "movement" does "move" but there are sometimes surprisingly accurate opinions expressed by those from whom we might least expect them.

Cordially yours,

(Signed) CHARLES E. MINER,  
Superintendent.

## BOOK REVIEWS

REVIEW OF THE SIXTEENTH ANNUAL REPORT OF THE MEDICAL DEPARTMENT OF THE UNITED FRUIT COMPANY. Boston, Mass., 1928.

The annual reports of the Medical Department of the United Fruit Company have achieved a distinguished position in the field of industrial and tropical medical literature. The original research which is described in the sixteenth annual report has to do principally with the treatment of malaria. Amebic dysentery also is represented by an interesting pathological study. Notwithstanding the emphasis given to these diseases, the report states that more deaths are caused among the employees of the United Fruit Company by lobar pneumonia than any other single infection. In the Company hospitals in 1927, the deaths from all causes was 765, of which 118 died of lobar pneumonia; a mortality rate of 35.8. Nearly all the fatal cases were of the native and negro population.

It is pertinent to inquire why in the tropics is pneumonia so fatal to the native population, while persons from the temperate zones are rarely attacked? The fatality of the diseases is attributed to the prevalence of inter-current infections, chief of which are syphilis, malaria, and hook worm.

If we turn to the causes of death, we find that in addition to the high figure already quoted for pneumonia, the deaths for all forms of tuberculosis were 79 out of a total of 765, whereas, syphilis is given as a cause of death in only 21 cases, including tabes dorsalis and general paralysis. These figures, however, do not represent the proportion of the medical health problem of the United Fruit Company which is assignable to the venereal diseases. In the nine divisional hospitals, 941 patients were under treatment for all forms of syphilis, and 626 for all forms of gonorrhea. The total figures for syphilis in the different stages are interesting; they are as follows: Primary 65, Secondary 225, Tertiary 507, Hereditary 8, period not specified 136. In other words, early syphilis constitutes less than one-tenth of all the cases. The laboratory reports show that the total of examinations for the diagnosis of syphilis (including the complement fixation test, the flocculation test, the dark field examination, and the spinal fluid test) was 8481. As this disease plays such an important part in the general health conditions of the United Fruit

Company's employees and their families, one may suppose that here is a problem which challenges the ingenuity and resources of the Medical Department. There would be a vast saving of money and of efficiency, to say nothing of health and life, if cases could be brought earlier under treatment.

Turning to gonorrhea we find that 626 patients were under treatment for that disease against 941 for all forms of syphilis. It would be interesting to know if the ratio of gonorrhea to syphilis in the tropics is anything similar to which is believed to exist in temperate climates where various estimates have been made ranging between 1.5 to 1.7. The United Fruit Company's figures of approximately 3 syphilis to 2 gonorrhea probably indicate that the treatment of gonorrhea is neglected by the majority of patients suffering from that disease.

One further point of special interest may be mentioned, the number of seamen rejected by the Company's ships in New York, New Orleans, and Boston due to venereal disease. The total number rejected in these ports was 199. The number rejected due to gonorrhea was 124, due to chancroid 41, and due to syphilis 34. This again shows the importance of venereal diseases as causes of industrial inefficiency. It would be interesting to know how many days the employees of the United Fruit Company have lost due to syphilis and gonorrhea, and what the lost time, lost efficiency, and medical care had cost the Company.

WALTER CLARKE.

EMERGENT EVOLUTION, AND THE DEVELOPMENT OF SOCIETIES. By William M. Wheeler. W. W. Norton & Co., 1928. 80 p. \$1.00.

It greatly intrigues scientists and philosophers alike to try to follow the natural complications of phenomena, from cells or chromosomes or molecules or atoms or electrons or whatever ultimate units there may be of matter or motion, up to the most elaborate social feelings or actions of which human beings are capable at our glorious best, or even at our sordid worst.

In this series there are numerous points at which two or more units combine and produce other units or wholes of a quite different order. That is, the new "emergent" is not a mere mixture or sum of its components, but is itself a *whole* which has characteristics of structure and behavior quite unpredictable from what we know of

the qualities of the components. Water, formed by the union of hydrogen and oxygen in certain proportions and under certain conditions, is an illustration. Protoplasm, the stuff in connection with which alone life is found, is not a mere sum of the proteins, carbohydrates, fats, enzymes, inorganic salts, etc., which are known to be present. It has novel characteristics over and above the sum of its constituents. The terms "emergent evolution," "creative evolution," "emergent vitalism," "purposive evolution," and others with similar sense, have been advanced by Thinkers to name this fact that qualitatively unique phenomena emerge from the union or breaking up of unities at various levels.

Leaving out the points of a mere inorganic chemico-physical import—living stuff, life, the cell, multicellular organisms, and mind—illustrate some progressively emergent links in a chain in which there are many others less outstanding.

Professor Wheeler's scholarship is shown in his masterfully simple exposition of these concepts and their philosophical import. His distinctive contribution in this little book, however, is indicated in the subtitle, in which he discusses briefly but with great keenness the *social* aggregates found among organisms, as so many true and independent emergents or super-organisms. No man has done such critical or more profoundly important study of the social life of various non-human groupings, particularly of insect societies. His exposition cannot fail to be illuminating to those of us who are seeking to strengthen and make secure the progress of human society.

The author does not agree with the deists that deity is the synthesis emerging next above mind. He thinks rather that society itself is the next level in the ascending scale. But he feels quite shaky as to the future of human society itself.

T. W. GALLOWAY.

THE MOTHERS. A Study of the Origins of Sentiments and Institutions. By Robert Briffault. New York: The Macmillian Company, 1927. In three volumes: xix+781 p.; xx+789 p.; xv+841 p. \$27.00.

For those who wish to read these volumes rapidly—and they are very readable—or dip into them in selected spots only, there is an admirably analyzed table of contents and an index that alone fills 125 pages. For the more leisurely scholar, there is a profusion of footnotes and a bibliography that, whatever its ultimate claim to

completeness—and there are some conspicuous names either absent or too briefly noted in it—is a monument to patient industry.

In spite of its bulk, this work is not an encyclopedia. It is a book with a thesis. Early in the inquiry which led to the present volumes, their author discovered, to his surprise, "that the social characters of the human mind are one and all, traceable to the operation of instincts that are related to the function of the female and not to the male." He "was thus led to reconsider the early development of human society, of its fundamental institutions and traditions, in the light of the matriarchal theory of social evolution." The questionable repute of this theory among anthropologists did not deter him. He found nothing among animals corresponding to a patriarchal group. . . . "If human society developed out of such animal groups, it had its origin in an association which was a manifestation of the instincts of the female only, and on which all social relations were determined by those instincts, and not by those of the male. In the earliest human group, if similar conditions obtained in them, there can have been none of that predominance of the interests, instincts, and outlooks of the male which is a feature of existing human societies, and which we are prone to assume in interpretations of their origin. . . . The traditional inheritance of the human mind, if these considerations are well founded, has been moulded in the first instance not by the fierce passion of wild hunters battling for the possession of food and women, but by the instincts of the mothers."

These views are reinforced by a wealth of illustrations drawn from widely different sources, and applied to many and varied aspects of the subject. The facts are allowed to speak for themselves: "and facts are prone to be more longwinded than the most complaisant eloquence." In a region of human interest in which scholarship is not always uninfluenced by prejudice, this is a method that commends itself. It is interesting to know that the studies of the author in the field of anthropology have been enriched and stabilized by his experience as biologist and physician.

The limits of this review do not permit detailed consideration of Briffault's views. How he summarizes them, in the last chapter, entitled "The Mothers," the following quotations may sufficiently indicate:

"Those achievements which constitute what, in the best sense, we term civilization, have taken place in societies organized on patriarchal principles; they are for the most part the work of men. Women have

had very little direct share in them. . . . But that world of civilization is issued from another which was in many respects very different. It is the outgrowth of more ancient types of society from which it has drawn its traditional inheritance. The inheritance which primitive society has handed down is profoundly irrational. . . . Social organization itself—the associated group to which humanity owes its mere existence—was the expression of feminine functions. The patriarchal family of academic social science is but a euphemism for the individualistic male with his subordinate dependents. As a social unit the family means the individual, actuated by his most aggressively individualistic instincts; it is not the foundation but the negation of society. . . .

“Not the ‘family’ necessarily, but the sentiment that constitutes the warp and woof of social structure, is the foundation of society. . . .

“The future of the relation between the sexes and of marriage institutions lies with women. . . . People are either united by love and agreement, or they are united by an ‘institution,’ and if the latter is the only bond of union, it comes near to being synonymous with prostitution. . . .

“In the love of the mother, in the mutual devotion of man and woman, the achievements of the organizing and constructive intellect fade into mist. These be the primal loyalties. They are, as they ever have been, in the keeping of the women, and in theirs alone. Woe to the woman who makes light of them and tramples upon them. She merits every anathema that has been pronounced upon womanhood. Honour to the women who can exercise their functions as befits the richer and more complex, if more strenuous and difficult, conditions which distinguish present human culture from its beginnings; honour to those who can be mothers, not in the flesh alone, but in the spirit, who can choose, praise and encourage aright, not only in that sexual selection which has always been theirs, but in the selection also of what is finest and best in the complex aims, ideals, and efforts of humanity.”

At an earlier point in this review, I had thought to point out that Briffault's views are often not orthodox. Perhaps it would be more accurate to say that he is interested primarily not in orthodoxy, but in the revelations of the facts. The sheer weight of these volumes testifies thereto. Such sentences, however, as “Women are constitutionally deficient in the qualities that mark the masculine intellect. . . . Feminine differs from masculine intelligence in kind; it is concrete, not abstract; particularizing, not generalizing,” have both a conserva-



tive and an unconvincing ring. Is the author, who has been at such pains to justify woman, himself engaged in a modern variant of the ancient sport of putting woman in her place? If so, in spite of his long and interesting testimony to some aspects of her racial life, there is reason to regard his effort, to say the least, as premature. One would feel more assured of the validity of his characterizations were they formulated at the end rather than the beginning of the next fifty years of industrial and educational experimentation to which society is becoming increasingly committed. Who shall say—now—what woman is because of her sex; and what she is because of her opportunities and her education. Environment is the great revealer of innate capacities. If Briffault is sound in his main contentions, the patriarchal family organization characteristic of modern civilization has not only failed to provide woman with adequate opportunities for self-realization; it has actually dominated her development, to her serious cost. It is the weakness of the dominant to mask the strength of those they suppress. What is the strength of womankind, in its fullness and variety? Who shall say if not woman herself, free, as men are free, to find her equal place and lay her gifts without reserve upon the common altar?

HARRY BEAL TORREY.

PROBATION IN EUROPE. By T. W. Trought, B.A., and J. P. Basil Blackwell. Oxford, 1927. 255 p. 7/6.

The author of this useful volume, the Honorable T. W. Trought, was for many years a magistrate sitting in the juvenile court of Birmingham, England. His interest in the subject of probation and socialized court procedure was extended to England and, in recent years, to the entire world. He served on British Commissions and was one of the instrumental factors in the recent growth in interest and extension of probation work in England. He visited America in 1925, spending most of his time in the courts. Thereafter he visited many European countries, assisting in the extension of the work of saving youthful offenders in the courts.

This volume gives us the first synoptic view of European probation systems and has long been eagerly awaited by students of the subject in America, where probation originated. Much of the exhaustive information covering twenty-nine European countries was secured by Mr. Trought through a questionnaire and correspondence, but the information verified from government authorities, judges and others

is apparently accurate and for most countries fairly complete. An analysis shows that of the twenty-nine countries covered, eighteen have juvenile probation, thirteen of which also have adult probation. Sixteen countries have paid probation officers and eighteen countries have juvenile courts. It is shown that all of this development of constructive agencies for treating children and adults in the courts has occurred since the year 1910, with two exceptions—Great Britain was the first to follow America with its Probation of First Offenders Act, 1887, and the Children's Act establishing juvenile courts in 1908, and Hungary which enacted a probation law for minors and adults in 1908. The detailed information on each country studied is supplemented by the conclusions of the author, given in interesting form.

He gives much credit to America for pioneering in probation establishment. We are told that his preaching of American methods in England has almost caused him to be dubbed a disloyalist, but Mr. Trought, although a magistrate, has been until recently president of the National Association of Probation Officers of England and a loyal worker for the principles which he so enthusiastically and effectively advocates.

Everyone interested in probation work, especially probation officers and judges, will find much of interest in the book. There is a brief bibliography listing books published in twenty European languages.

CHARLES L. CLUTE.

### BRIEFER COMMENT

**FAMILY LIFE TO-DAY.** Papers presented at a conference of family social work held in Buffalo, October, 1927. Edited by Margaret E. Rich. Boston and New York: Houghton Mifflin Company, 1928. 244 p. \$2.50.

Fourteen chapters in this book are written by as many authors. Biologists, educators, religious leaders, and students of society are represented, each one qualified to speak of the family authoritatively from the viewpoint of his particular interest. Among the authors are: Ernest R. Groves, Mary E. Richmond, Karl de Schweinitz, Rufus M. Jones, and Gordon Hamilton.

**STANDING ROOM ONLY!** Edward Alsworth Ross. New York: The Century Company, 1927. 368 p. \$3.00.

A study opening up a new vista of the future relations of the races and peoples of the world. The scope of the volume is wide, it reveals a need for Oriental immigrating restriction based not on any assumption of racial superiority, but on scientifically ascertained laws of population growth. What the author offers is "an elaborate examination of the dynamics of population."

**THE STORY OF MAY DAY 1924-1928.** Katherine Glover. New York: American Child Health Association, 1928. 106 p.

This is an account of the work that has been done in the last few years in the promotion of child health, with especial reference to the campaign waged in the name of May Day under the sponsorship of the American Child Health Association.

The book contains a history of the movement, an account of the machinery behind the program, and tells of the other organizations which cooperated. One section tells the story in pictures, and another outlines the work by states. This year a formal report was not published, but it was decided to "gather up the high lights of five years and present them not as a report but as the story of May Day."

AN INTRODUCTION TO SOCIOLOGY. Ernest R. Groves. New York: Longmans, Green and Company, 1928. 568 p. \$3.00.

A text written primarily for college and normal school students, but in the hopes that "that large class of readers, happily ever increasing, who seek acquaintances with current sociological thinking" will also find it of value. A clear, concrete and concise introduction to sociology.

PHYSICAL EDUCATION ACTIVITIES FOR HIGH SCHOOL GIRLS. The Staff of the Department of Physical Education for Women, University of Michigan. Philadelphia: Lea and Febiger, 1928. 322 p. \$3.50.

The book is not an outline for a course of study, but is a compilation of material offered as suggestions for activities in a physical education program for high school girls. It covers Organization and Administration, Examinations, Individual Problems, Games, and detailed information regarding various athletic activities.

#### EAST ORANGE'S ANNUAL REPORT.

In the Thirteenth Annual Report of the Board of Health of East Orange, New Jersey, published for 1927, the section dealing with Venereal Diseases shows that the clinic is not only treating patients suffering with syphilis and gonorrhea, but has associated with it a social service section which aids the patients in meeting social and employment problems while undergoing treatment.

According to the Appraisal Form, a rating schedule of the American Public Health Association used as a standard for Health Departments, a perfect score in the Department of Venereal Diseases is 50 points. East Orange obtained 42.2 points last year. Cases returned to physicians or clinic, and the number of clinic visits, received perfect scores; there is still room for improvement in clinic registration and in reporting.

The report as a whole is a credit to the Health Department and to the Health Officer, F. J. Osborne. It is well compiled, contains a full table of contents, good headings, well arranged tables, and graphs easy to understand. Recommendations are assembled at the close, making them of ready access, an advantage over having to search through a report for such information. The mechanical make-up as well as content is to be commended, a colorful cover, good paper, fair sized type and wide margins all give to make this report attractive, and easy to read.

PLAY AREAS. Prepared by Playground and Recreation Association of America. New York: A. S. Barnes and Co. 1928. 206 p. \$2.00.

Here is a hand book on the design and equipment of play areas, with special consideration of the problems and needs of towns and small and medium sized cities. The volume is fully illustrated, well designed and unusually attractive from the standpoint of well done printing.

EXTRA-CLASSROOM ACTIVITIES. By Riverda Harding Jordan. New York: Thomas Y. Crowell Co. 1928. 302 p. \$2.50.

A study of "extra-curricular" activities in the school. Its purpose is "to bring to the attention of educators the necessity of planning a continuing program for the extra-classroom as well as for the curricular offerings." Includes specific problems and questions for discussion and study.

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## STATISTICAL AND PUBLIC HEALTH RESEARCH IN SYPHILIS \*

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It is difficult to separate the public health aspects of syphilis research from clinical and laboratory considerations. Every study in the clinic, in the laboratory, or in the field which extends the present frontier of knowledge of syphilis, has a definite public health aspect. This is true because of the general acceptance of the dictum that the control of syphilis in the light of our present knowledge rests primarily upon the early diagnosis and prompt and adequate treatment of the disease, and upon the fact that every case unrecognized or treated inadequately adds its tithe to the enormous tax imposed by this disease upon the vital and economic resources of the race. Similarly, it is difficult to consider statistical research except as an integral part of other aspects of the problem. Facts concerning the prevalence of syphilis in the general population and the trend of new infections are very meager. There is no other disease of comparable importance, excepting possibly gonorrhea, concerning which so little information is available regarding its prevalence.

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\* Read at the annual meeting of the American Public Health Association, Chicago, October 15-19, 1928.

When the nationwide effort for the control of venereal diseases was organized ten years ago it was hoped that much statistical information would be gained as a result of notification of cases and the operation of the several hundred clinics and laboratories. The results to date, however, while considerable have not fulfilled the early hope. Notification of cases has been most incomplete and very little information of scientific value has come from the clinics. This may be explained, however, by the fact that these clinics in many instances lack skilled direction or are forced to operate on such inadequate budgets that they are overwhelmed with the routine business of treating patients, with little time for careful study and evaluation of results.

Of first importance in the public health control of syphilis is accurate statistical knowledge of the prevalence of the disease, its distribution in the population and the trend of new infections. Only when this information is available will it be possible to judge the value of various methods of control. When results can be measured in terms of a change in the attack rate scientific methods will relace empiricism.

The past quarter of a century has seen remarkable progress in the reduction of death rates from various preventable diseases. Health officials and the medical profession point with pride to the disappearance of typhoid fever to a lowered infant mortality, and to the decline in the death rate from diphtheria, tuberculosis, and other causes. Available evidence as regards syphilis is much less striking. The most that can be said is that the combined death rate from syphilis, locomotor ataxia, and general paresis has declined 27 per cent from 1900 to 1925, and that the weight of opinion is to the effect that new cases of syphilis have declined somewhat in prevalence. The importance of syphilis as a public health problem is denied by none and since so much progress has been made in other lines of public health endeavor in bringing about a reduction of disease, the relative importance of syphilis as a cause of death and of disability assumes larger

proportions. One of the difficulties in securing public support for the campaign against the venereal diseases has been the fact that no irrefutable statistical evidence has been available to show the influence of control efforts on the incidence.

The Public Health Service, in cooperation with the American Social Hygiene Association and various state and local boards of health and medical societies, has undertaken to enlarge somewhat our present knowledge concerning the prevalence of syphilis in the general population by making, in selected communities, a census of syphilis cases under treatment by every physician, hospital, clinic, and other institution on a given date. These studies have been completed in a population totaling more than 12,000,000 and embracing population groups from the most remote rural areas to cities of more than a million population. From these studies a number of impressive facts are available.

The most significant impression that one gains is that it is difficult to give any one figure which presents a clear picture of the problem of syphilis in this country. A great diversity of rates has been found, the urban rates being higher than the rural rates in the proportion of five to one. Syphilis cases under treatment vary from less than 0.5 cases per thousand to more than 10 cases per thousand. Taking all cities having a population of more than 2,500 and classing this group as urban, it was found that there were under treatment for this disease 6.74 persons per thousand, while in strictly rural areas the rate is 1.27 per thousand inhabitants. Of this number 38 per cent were cases of early syphilis which had developed within one year preceding the census date. If it could be assumed that every case of syphilis was diagnosed in its early stage and treated for at least one year a rate of 1.52 per thousand inhabitants would represent the annual incidence. Such an assumption, however, is not warranted. The best that can be said is that no less than 1.52 persons per thousand in these communities had developed syphilis within the past year.

The cases of syphilis under treatment divided according to sex and stage of the disease are as follows:

CASE RATES FOR SYPHILIS PER 1,000 POPULATION BY SEX OF PATIENT AND STAGE OF DISEASE.

<i>Stage of disease</i>	<i>Total</i>		<i>Male</i>		<i>Female</i>		<i>Population</i>
	<i>Cases</i>	<i>Rate</i>	<i>Cases</i>	<i>Rate</i>	<i>Cases</i>	<i>Rate</i>	
Total .....	43,562	3.95	27,214	4.85	16,348	3.02	Male 5,611,884
Early .....	16,735	1.52	10,970	1.95	5,765	1.07	Female 5,407,340
Late .....	26,827	2.43	16,244	2.90	10,583	1.95	Total 11,019,224

It was found that 36.69 per cent of the cases are being treated in public clinics and that 38.11 per cent of all registered physicians are constantly treating one or more cases of syphilis. From this it would appear that efforts to improve the quality of medical treatment must be directed towards the great mass of the medical profession in whose practice nearly two-thirds of the cases are being treated. An analysis of the distribution of cases being treated by this 38.11 per cent of physicians, however, shows that the majority of them are treating only one or two cases and that 25 per cent of all physicians are treating 90 per cent of the cases. It becomes important, then, for health authorities to know who these physicians are and to secure their active participation in control efforts.

It is believed that the population in which these studies have been made is fairly representative of the country as a whole. Applying the rates for urban districts and for rural districts which obtain in the areas studied to that of the country as a whole, it is found that there are constantly under treatment for syphilis 511,256 persons in the United States, and of this number approximately 200,000 are cases of early syphilis which have developed within one year. This is a minimum figure, since many cases both of early and late syphilis undoubtedly are in need of treatment but are not receiving it. This method of determining prevalence of syphilis has many shortcomings but seems to be the best thus far developed to secure information as to cases being treated and thereby establish a base line from which future changes



in prevalence can be measured. Other methods need to be devised and applied to this important problem of determining the prevalence and trend of infection in syphilis.

The most important contribution of research to the control of syphilis would be a vaccine or other preventive inoculation; lacking this, the realization of Ehrlich's dream of a *therapia sterilisans magna* would make the task of public health control comparatively easy. In the absence of such revolutionary contributions, however, there are many places where an extension of present knowledge is possible and would serve to guide more intelligent control efforts.

Of value to the public health officer no less than to the clinician, would be the development of simpler methods of early diagnosis, of more effective criteria of cure, of a simplified treatment technic, of a more rational chemotherapy, of an evaluation of the efficiency of various local and general prophylactics, of a better understanding of immunity, and the enhancement of body defenses against the disease. These problems have been considered, however, under the laboratory and clinical aspects of syphilis research and are mentioned only because of their importance to the whole problem of control of this disease.

A perennial problem for public health authorities is the question of the efficacy of chemical prophylaxis in the general population. Here is a method which under laboratory conditions is scientifically sound and which under military conditions has proved effective in reducing the prevalence of the venereal diseases. A few sporadic attempts have been made to apply it to conditions as they exist in the general population. Thus far these attempts have not produced measurable results or have been abandoned as failures. The first step in connection with this problem should be an investigation in the laboratory of the relative value of local and systemic methods of prophylaxis applied at varying times after exposure. Following this should be a thorough study in a limited but representative population group, of the practical

applicability of some method of prophylaxis, with definite insistence upon a measurement of results, to the end that this question can be decided on the basis of scientific fact, uninfluenced by moral or ethical consideration.

Early and adequate treatment of infectious cases has been advocated as the most effective single method of control. This method of prevention, however, to be of maximum effectiveness, must not stop with the patient who presents himself to the clinic or physician for treatment. For every such frank clinic case there are, under present conditions, several others equally in need of treatment. The source of infection should be sought out and brought under medical care; other members of the family should be examined for evidence of infection; and every physical examination for whatever purpose, should be done with the possibility in mind of the existence of syphilis. Further, only a small percentage of cases of syphilis will continue treatment until the maximum benefit has been secured. This percentage can be increased considerably by the use of adequate follow-up methods. This follow-up service not only will return recalcitrant patients for continuation of treatment but will bring for examination familial and other contacts, and from the information given by the patient will be able to locate many sources of infection and induce or force them to be treated. Various experiments are in progress in different states and clinics in the development of the most efficient methods of accomplishing these results. As yet no one plan has received general acceptance, and even worse, in the vast majority of clinics no effective plan is in operation.

A most important study would be to evaluate the practicability of various methods which have been proposed to utilize fully the patient who presents himself for treatment as a starting point, not only in the control of that individual infection but in securing treatment of related cases and in educating in the venereal diseases the very class of persons who are most in need of such information. Such a study should include not only the patient in the clinic, but the patient

under the care of the private physician. It is only when such a plan is generally adopted that prophylaxis by treatment will achieve the maximum results.

There are certain questions in connection with the epidemiology of the disease which merit study. It has been assumed that it is the acute case with a chancre, or with secondary lesions and mucous patches, which is responsible for the spread of practically all cases. If this were true, it seems remarkable that syphilis has not declined further since the advent of the arsphenamine era. It is known that open lesions are sterilized promptly by a few doses of this drug. Another fact which is equally well known but which has not been duly appreciated, is that after such sterilization of open lesions a relapse in infectiousness probably will occur if treatment is interrupted or terminated. Suggestive evidence is accumulating that it is the chronic relapsing carrier who is playing at least a considerable part in maintaining the incidence of syphilis. A very profitable study could be directed towards this problem to determine under what conditions the latent syphilitic patient is infectious by sex intercourse, even though no obvious lesions exist.

In syphilis we are not dealing with an ubiquitous infection. The opportunities for acquiring this infection are not unlimited. At most only a comparatively small percentage of the population is infective at any one time. The size of the problem still further is reduced when it is recognized that of this limited number of infectious cases only a small percentage are active spreaders of the disease. The prevalence studies by the Public Health Service indicate that less than 0.152 per cent of the population are under treatment constantly for early syphilis. Although some of these and also a certain number of "late" cases and untreated cases are capable of transmitting the infection, the great bulk of them are not spreading their disease at all or are responsible for a limited number of secondary cases. Why then is syphilis able to maintain itself in the population?

In the absence of definite statistical proof the weight of

epidemiological evidence indicates that there are in any one community at any given time comparatively few people who are active promiscuous spreaders of infection. In other words, the bulk of the new cases in a given community during a given time is acquired from comparatively few sources. Additional weight is given to this view by the experience, in many clinics, that several fresh cases of syphilis frequently will give the same source of infection. Again, the progress of a traveling show across two states could be traced by the reports of new cases of syphilis along the route. From an isolated rural community a sharp outbreak of syphilis was traced to the return to that community of one infected person. Studies need to be made of the feasibility, under varying conditions, of ascertaining these sources of infection and bringing them under treatment.

Certain features of existing laws need a critical evaluation. One regulation which generally is in effect provides that a patient who discontinues treatment before being rendered non-infectious or cured must be reported to the health authorities who have the power to force a continuation of treatment. This is a measure which is of benefit to the patient, the physician, and the community, and yet only a negligible use is made of this especially by the private physician. Some community should study and report upon the results of its efforts to apply this provision.

Satisfactory methods for the treatment of indigent patients in small towns and rural districts have not yet been developed. Several plans are being tried. All of them need evaluation and the use of successful methods should be given general application.

Among prisoners and inmates of certain eleemosynary institutions syphilis is very prevalent. Among this group the community has an opportunity to apply adequate methods of treatment and yet casual reports indicate that in many states most unsatisfactory conditions prevail. A study of practicable plans for the most effective methods of venereal

disease control among prisoners and other state charges should be carried out and the results made generally available.

The relation of syphilis to delinquency is a much discussed question but one which has not been decided on the basis of adequate scientific study.

Syphilis very properly is referred to as one of the most important of public health problems. What is the cost of syphilis to the country in terms of a shortened life span, cost of medical care, cost of institutional care, and reduced earning capacity, and how do these costs compare with such diseases as tuberculosis and cancer? Here, again the result of public health research must be awaited before facts will replace speculation.

Since practically one-half of all physicians in this country are constantly treating one or more cases of gonorrhea or syphilis, how adequate are the provisions in medical school curricula for instructing physicians of the future in the recognition and treatment of these diseases and what can be done to impart this instruction to the thousands of physicians who are treating syphilis by the inadequate methods of a decade or two ago? Here is a very practical problem for study.

In this country a more or less active policy of repression of commercialized vice has been carried out. This is a sociological reform which commends itself to every right thinking citizen but the results in terms of a reduced venereal disease incidence have not been measured. The American Social Hygiene Association now is making studies of this problem in selected communities. The evidence it presents will be awaited with interest.

In the control of syphilis and the other diseases spread by promiscuous sex contact, public education, instruction of youth in the facts and significance of sex, and provision of wholesome recreational facilities have occupied a large share of the energy of public health and social hygiene organizations. The influence of these activities in reducing the venereal disease rate is unknown. The public health officer

with a limited budget who plans a venereal disease program, and local, state and national appropriating agencies of Government seek in vain for evidence as to relative and absolute values of the various activities proposed to control the venereal diseases. Intelligent study should at least throw some light on this subject.

Many times the question is asked as to why it is necessary to expend funds for further study of a disease the cause and mode of transmission of which are known, and for which there are definite methods of prevention and reasonably adequate methods of treatment. Why, it is argued, cannot syphilis be eradicated by the application of existing knowledge? Two principal obstacles stand in the way of such a result. First, it would be necessary to modify human conduct as regards the sex relations of the acute cases and chronic carriers of infection to a degree which does not seem possible as an immediate accomplishment. It is possible to limit to some extent the number of extramarital sex exposures, but this requires persistent effort over many years and results are accomplished by a process of evolution in standards of conduct and not by sudden or drastic changes. Second, although the prompt cure of every case of syphilis would promptly eliminate this disease, the obstacles to such an accomplishment lie in the difficulty in recognizing many cases, the absence of a practical method of early diagnosis which can be used by the average physician, the absence of definite criteria of cure, the cost of the treatment, and finally, the nature of the treatment itself which causes obvious symptoms of the disease promptly to disappear giving to the patient that false sense of security which so often results in discontinuance of treatment. The prevention of syphilis by treatment of the infected case however, even with the recognized shortcomings, seems to offer the most definite and feasible avenue of attack, but one which should not be followed to the exclusion of other methods.

The practical control of syphilis would be much expedited, it could be accomplished at a much smaller cost, and the progress of that control could be measured more accurately,

if the questions propounded here could be answered. Pending the initiation and conclusion of those studies, however, it is not necessary to delay the more general application of existing knowledge. Even with present weapons, it is possible for syphilis to be made a comparatively rare disease in one generation.

The weight of evidence indicates that syphilis has, in fact, declined substantially during the past decade. For the purposes of the present discussion let us assume, however, that the disease is constant in its prevalence from year to year. This means that every hundred cases of syphilis during their course give rise on the average to just one hundred additional cases—no more and no less. If this be true we can conclude that existing opportunities for infection are just counterbalanced by present methods of control. It will be agreed that in the vast majority of communities existing methods for the control of syphilis can be made more efficient. A larger proportion of known cases can be sterilized or cured; more unrecognized cases can be brought to treatment, sources of infection can be sought out, treated, and restrained if necessary; exposures can be lessened; prophylaxis by chemical or mechanical means will prevent some infections which otherwise would occur. Some or all of these things can be done in almost every community. Here is an opportunity for a very practical study and demonstration of the effect on the syphilis rate of applying existing knowledge for the control of this disease. It is believed that such control is possible and practicable.

Just as in a military or athletic contest when neither side seems to gain the advantage, the addition of a small amount of reserve strength or the more intelligent employment of existing forces will bring about a decisive victory, so in the campaign against syphilis in this country it is believed that a more intelligent application of present effort and the addition of a comparatively small reserve force will be sufficient to reduce markedly and progressively the prevalence of this disease.

## SEX EDUCATION FOR PARENTS \*

### A RESEARCH IN TEACHING METHODS AND MATERIALS

CHLOE OWINGS, PH.D.

*Director, Social Hygiene, University of Minnesota*

We are here, I take it, not to convince ourselves that we *should* awaken "the community to its social hygiene needs through the family." Our objective is rather to determine how social hygiene associations can best work through the family for a community program of social hygiene.

While we should not permit the fact to elude us that a program in social hygiene education comprises the several divisions of medical, legal, and protective, as well as, specifically, that of sex education, in the fifteen or twenty minutes allotted to me, I shall deal only with sex education for parents and not touch upon how we may reach the family directly for the purpose of launching community campaigns in the other divisions of social hygiene.

It is a fair presumption that no public utterance, soundly conceived and rightly presented to groups of parents or other persons dealing with growing children and youth, is lost. Therefore we must always include public utterances in our plan for parental sex education. The same thing is true of the distribution of the right kind of printed material, films, exhibits, and all of the other possible methods of education. There is also another method which has been used for a considerable period of time in several fields of parental education—that of direct individual contact.

This method has been used notably by the public health nurse, of whom Professor C.-E. A. Winslow writes: "The public health nurse is a messenger who would not merely talk about food, fresh air, exercise, and rest as abstract generali-

\* Paper presented at Annual Regional Conference on Social Hygiene, Louisville, Kentucky, October 11-13, 1928.



ties, but would help Johnny's mother in the tenement and Susan's mother in the prosperous residence, provide precisely the kind of food, fresh air, exercise and rest that Johnny and Susan need for their individual constitutions and in their individual environments. Thus the visiting nurse was selected as the ideal person to carry this message to Garcia."\*

Elsewhere he says, "Direct personal contact with the conditions of the individual life is essential to success in a matter so truly personal as hygiene. We have sought for the past twenty years for a missionary to carry the message of health into each individual home; and in America we have found this messenger of health in the public health nurse."† If, as he says later, "It is obvious that such a calling as public health nurse demands in the first place a high degree of natural capacity and in the second place a sound and broad education," what *must* we say of the calling of adviser in parental sex education, which is recognized as more "truly personal" than is personal hygiene and in which there probably exist more individual inhibitions than in any other field.

The movement for sex education has passed through the period of "abstract generalities." Those who are familiar with the movement are convinced that for wholesome, joyous, healthy living, it is of prime importance that parents shall have correct information concerning the reproductive system, right attitudes toward this information, with capacity and skill to apply it to the individual needs of the members of the family. The movement has used and is using all of the recognized methods for group and mass education. It has arrived at the point where it is imperative to decide if there is a practical method for this individual contact which has proved so vital in the field of personal hygiene and health, and to determine if it is feasible or possible to have such individual messengers in sex education for parents.

\* The Forum, November, 1927—Public Health Nursing, An Old Name for a New Profession.

† Nursing and Nursing Education in the U. S.—Committee for the Study of Nursing Education. Macmillan, 1923.

A social hygiene organization in Minneapolis, Minnesota, the Women's Co-operative Alliance, whose program has been visioned and developed by Mrs. Robbins Gilman, has for the past ten years been using the individual contact method. During the first six or seven years, the field workers sought to develop programs in protective and legal measures through direct visits in the homes. This phase of the program is yet carried on but in a different way.

Meanwhile, some three years ago, a department was created called the "Parental Education Department" with specific reference to sex education. The program involves visits to the homes, group study conferences, consultation on individual or on neighborhood problems, and library service similar to that of a public library. For this program, a territory was selected which gave promise of economic stability and leadership among parents. A staff of women called "Parent Advisers" call from house to house with the object of securing interviews with mothers of children under Junior high school age. The objective is to interest the mothers in a program of early sex education in the home. In the selection of parent advisers preference is given to married women and if possible, to those who are mothers. Of the present staff of four women, one is a former public health nurse and social worker, married, adoptive parent of two children; a second is a registered nurse, mother of two children; a third is a former teacher, married but not a parent, while the fourth is unmarried, a former teacher and social worker. I will take you on a call with one of them.

"Good morning, I am Mrs. X from the Women's Co-operative Alliance. We are calling on mothers of children under Junior high school age in this and several other school districts. Do you have children?" If the answer is "no," we will pass on until we do find children. We then proceed, "We are interested in learning what mothers are thinking and doing about the sex education of their children" and the interview proceeds.

The parent adviser seeks to learn from the mother what her "sex information" has been, its sources, its content and her age when she received it; the questions which have been asked by the children; her replies; the present source and content of the children's information on sex. Questions from the mother are recorded. The worker carries in her mind a possible graded program of early sex education in the home from which she gives to the mother the particular help which she thinks she needs, based on the ages of the children and the mother's preparation and skill in giving information to the children. She presents the program of the organization explaining that there will be study conferences for mothers in school buildings, that any parent may call at the office in person, or request a visit of a parent adviser to the home to discuss either a personal or neighborhood situation and that there is a library service for parents. At least one pamphlet on sex education is left, and often the mother purchases others.

Like all community service organizations, budgetary considerations influence the selection of workers. The organization considers that if the program is to endure, not only the salaries but also the working hours and volume of work should approach the standards of other community service organizations, particularly those of the Visiting Nurse Association. Therefore there is a time limit of from 20 to 45 minutes on each interview and four such interviews per working day are required. An analysis of 500 interviews arbitrarily selected but representing 100 from each of five workers, shows the following classification:

Time in minutes	5-10-15-20-25-30-35-
	40-45-50-55-60-65-75-80
No. of interviews	20-11-31-81-62-100-
	37-59-56-19-5-11-3-3-2

The average time of these interviews was about 28½ minutes with the great proportion falling within the 20 to 45 minutes group.

The parent adviser not infrequently meets indifference to sex education, sometimes definite opposition and often an unawareness of its value.

According to the organization report, in 1927, 3,194 mothers of young children were located in first interviews. Of these,

2,505, or 78 per cent, were actually "interviewed"; i.e., the parent adviser obtained from them an expression of opinion on sex education. At times, this was given spontaneously, at others haltingly and even grudgingly. Of the 2,312 mothers "interviewed," 75 were said to be opposed to sex education and 34 "indifferent or unconscious of the desirability of the service for their children."

During 1927, out of 3,914 mothers approached, 630 were registered for study conferences and 291 completed a course, i.e., attended four or more sessions. A few parents reported difficult neighborhood social hygiene situations. Fewer parents have asked for personal consultation. Two hundred and sixty-seven individuals, including mothers, have used books from the library.

The religious affiliations of 2,500 families selected arbitrarily are:

	Total	Per cent
Protestant . . . . .	1,520	60.8
Catholic . . . . .	323	12.92
Protestant and Catholic . . . . .	114	4.56
Hebrew . . . . .	44	1.76
Christian Science . . . . .	69	2.76
Christian Science and Protestant . . . . .	20	.8
None stated . . . . .	410	16.4

The 6,400 "first interviews" since 1925 and the resulting conferences are now being followed by second calls on the same mother and the offer of other series of conferences both introductory and advanced. In these second calls, mothers are selected who are willing to keep a home chart on which each is asked to record the home and neighborhood incidents which in any way have a bearing on sex education and to which her child is exposed, together with the child's reactions to them. Up to date, out of 1,928 such second calls, 97 mothers have agreed to keep the home chart.

I do not know how many children's questions have been recorded to date, but I think the number will reach 3,000 before the end of this current year; 1,734 such questions have been tabulated. These questions cover such points as:

1. Where did I come from?
2. Where did you get me?
3. Is that the kind of boat that brings the babies from across the ocean?
4. Where did the cat get her kittens?
5. What is "born"?
6. Why are mothers sick when babies come?
7. Why do I look like father?
8. Why are the sparrows fighting?
9. Sister isn't like me, is she?
10. Why is he (brother) different from me?

The peak age for the asking of these questions is five years and the peak question is the general one of where babies come from.

The questions which the mothers have asked center mainly around two factors—their desire for definite information in order to answer such specific questions from their children as those mentioned above and their desire to satisfy themselves of the necessity of giving sex education to their children, when and how it should be given and its possible effect on the child. By and large, they have not distinguished between sex information and sex education.

Mrs. Gilman considered that this method of approach to the family was a unique contribution to the field of sex education. As a result, with her customary vigor and persistence, she succeeded in interesting the Bureau of Social Hygiene which made a grant to the University of Minnesota so that a research could be instituted to evaluate this program.

The evaluation is not yet made. Therefore I do not bring to you a recommended program, method or technique, but I am going to tell you briefly of an effort to determine whether this program method and technique might be developed and universally applied.

As a service organization, in its conception, the Women's Co-operative Alliance was concerned solely with presenting to parents that program of sex education which, in the large,

is generally accepted in the movement. When the time came for evaluation of the materials, method and technique in order to determine the effectiveness of the program for possible universal application, a number of situations were found which made evaluation exceedingly difficult.

Certain conditions are essential to an evaluation of any situation. These include: (1) definition of terms used; (2) common interpretation of definitions (it is surprising how many interpretations can be given to a term or a definition by people of more or less similar background); (3) uniformity in recording; and (4) specific formulation, in writing, of the materials presented.

It would seem fair to assume that these stipulations are particularly essential to an educational program. Experience with the Women's Co-operative Alliance program has brought out certain facts: (1) that the test of clarity of purpose is the ability to formulate a statement of it on paper; (2) that common teaching material specifically formulated for the purpose, must be used by each person; (3) if more than one person is to carry out a program, each must have a similar understanding or interpretation of it; (4) that an educational program is of value only if it is sound; (5) the prerequisites to the determination of its soundness are that there must be uniformity of method and of technique in securing and in recording data.

In this service program these prerequisites of research had not been sufficiently observed to produce materials susceptible to exact evaluation. To illustrate: space was supplied on the forms to record "source and content of children's sex information." There was no way of knowing, however, whether a check at the item "sex differences" meant that one or all of the children of the family had such information, or at what ages it had been given and if this information included primary or secondary sex differences or both. A check at the item "mother's part in reproduction" might mean any one of a number of things; e.g., that "babies grow in their mother's body" or "that all babies have mothers" and con-

sequently are not found under cabbages or lilac bushes. A check by the items in vocabulary does not indicate what words were used, by whom and when.

The results of the Research Program in Social Hygiene previous to last year comprise a report, as yet unpublished, by Miss Katharine Hattendorf, outlining in narrative the work of the parent advisers in 1926-27 and a report now in press called "A Study in Methodology," by Dr. Helen Leland Witmer. Last year the Social Hygiene Bureau concerned itself with the study of the Women's Co-operative Alliance program in the field, and with securing formulations, interpretations and in developing recording devices. The program continues with these and other additions. This year, on the University Campus, we are developing an independent research project out of which we hope to secure an evaluating instrument.

Our first working hypothesis is that the progress made in sex education since the first interview (an interval of from 1 to 3 years) is a fair measure of the accomplishment of the work of the Women's Co-operative Alliance program. Our problem then is to find the differences, if any exist, between what these parents thought and practised in the sex education of their children before the first home interview with the parent advisers and their present opinions and practices. Manifestly we cannot learn this from the parents themselves. They cannot dissociate and classify what they knew and did, one, two or three years ago, before their first contact with this specific program. So this year we have selected a locality in St. Paul whose families are comparable to the Minneapolis group, in social and economic status, in religious affiliations and in the general age groups of their children. So far as we know, the St. Paul group has not been influenced by any organized program of sex education.

Although we recognize that during this three-year period there has been a continuing increase in reading material available in this field and that probably this group has been

subjected to its possible influence, our second working hypothesis is that the opinions and practices of these parents in the sex education of their children will fairly well represent those of the Women's Co-operative Alliance group before the first interview. Therefore the difference between our findings in the St. Paul group and the end results of the intensive program of the organization on their group will represent the measure of the accomplishments of that program, i.e., this will constitute the proposed evaluation.

While our program was directly motivated by the need for an evaluating instrument our schedule is such and our findings will be of such nature as to constitute an independent research. We hope out of this research to be able to draw sound conclusions as a basis for further teaching materials for parents.

Our approach at the door is "Good-morning, we are from the University of Minnesota. We are working on a problem in child education [note that we do not say sex education] and we are seeking the interest and help of a selected group of parents [we do not say mothers for we are convinced that fathers are parents!] who have children under school age and up through the sixth grade. Do you have children of these ages?" If the answer is "yes" we proceed to outline our objective. After about 10 days in the field, we found it essential to have this objective in printed form as follows:

## UNIVERSITY OF MINNESOTA

### SOCIAL HYGIENE BUREAU

#### Folwell Hall—Room 1

To Parents Who Are Invited to Enter a Research Project with  
the Social Hygiene Bureau:

#### *What is the project?*

Much progress has been made in child training through the study of food habits, sleep habits, play habits and indeed of many phases of a child's physical welfare.



There is, however, an aspect of child life concerning which parents are insistently demanding information from educational leaders. They want help in answering when their children ask such questions as "Where did I come from? Where did the cat get her kittens? Why isn't sister like me?" They also want help in meeting situations which grow out of adolescent boy-girl relationships.

For their own general guidance, fathers and mothers ask such questions as: "Is such education necessary for children? Why? How much should be given? At what ages? What effect will it have on the children?"

The object of this research is to prepare pamphlets, books, or other study materials which may meet these demands.

### *Why do we ask your help?*

Although this is a comparatively new field in research, the subject is old. Each one who has lived has a contribution to make.

Unless you are different from most present day parents, you have been thinking about these problems—you have been confronted with and solved some of them, or you have wished you could solve them.

We need to know from a selected group of parents what information they already have and where they obtained it; whether some scientific terms are objectionable to them; whether they wish information on some points more than on others, and whether they need this information for themselves or help in transferring it to their children.

The measure of our success will depend on the amount of help given us by actual parents of real children.

### *Experiences, not names, desired.*

No names will be recorded on this material nor will they be revealed to others. We do not wish personal histories of individuals. We need from the men and the women who are fathers and mothers of children, their experiences out of

which we may draw sound conclusions as a basis for developing an adequate educational program.

*When and where you can help.*

What the University is asking of you as one of a group is this: Will you give an hour or two of your time to a research worker who will come to your home at your own convenience, and record your contribution to this study?

The spaces below are provided for your reference when you make an appointment with one of the research workers. This entails no further obligation on your part.

CHLOE OWINGS, Director.

MRS. FRANCES B. STRAIN, Research Worker.

MRS. JOHN W. WILKINS, Research Worker.

Telephone Dinsmore 2760—Extension 597.

N.B.—This research project is financed by a grant of money, made to the University by the Bureau of Social Hygiene of New York City.

#### APPOINTMENT BLANK

Date . . . . .

Hour . . . . .

Research Worker . . . . .

At the end of this doorstep interview we say, "We realize that each new research project needs a special explanation and I want to leave this folder with you, so that you may know who we are, where we can be reached and what we are doing."

We are fully conscious of the fact that any field study in sex education is susceptible of misinterpretation and that a whispering campaign or an unsympathetic neighborhood attitude may kill it. We are convinced that if the key people have the correct information about it they will sponsor it. So we have taken it to them. If time permitted I would tell about these visits for they have been of profound inspiration.

We have created a schedule on which to record our findings. The first sheet contains social data, ages, birthplaces, education, occupation, religious affiliation, etc. The succeeding sheets cover children's questions with parents' replies, sources and content of information on the reproductive system of parents and children; opinions on attitudes toward and practices in specific situations in the field of sex education and other pertinent points.

We have formulated the exact meaning which we attach to any item which is not self-explanatory, e.g., *Reproduction—Human* (6 years). All human babies have a father and a mother (10–13 years). (a) Mother's part (5–8 years). A baby grows, before birth, in the body of its mother in a special place provided for it. (b) Father's part (5–11 years). Before a baby can grow in a mother, the father must give to the mother a sperm cell from his own body which seeks out the egg-cell or ovum in the mother and fuses with it to form a new cell which then grows into a new individual.

Now, if we check that a child of six or under has information on "mother's part," we mean only one thing, i.e., that he knows that a baby grows, before birth, in the body of its mother in a special place provided for it. If it has other information on this point, we record it in the narrative with sheet and paragraph references.

The findings on the vocabulary sheet are significant and seem to hold promise of importance in the study. We have listed the scientific terms of 16 organs or functions of the reproductive system and two of the excretory system. We learn the reaction of the parent to their use with children, adults in the family, associates and physicians; which terms are known to the parent, when they were learned; which are used by both child and parent and, if they use substitute words, what they are.

To secure a random sampling we call from door to door. We also record the information when the parent for any reason whatsoever does not desire to fill out a schedule. The

schedule is filled in with the research worker present and a period of about two hours is usually required for the completion of each. Our goal is 500. Perhaps we may only secure one-half or two-thirds of this number.

It is surely a heroic task but the two research workers have been selected because of their enthusiasm for the work and their experience in the field, and they are determined to get facts and nothing but facts.

The difficult and trying situations sink into insignificance when an intellectually keen mother says, "You came in answer to prayer," or when a father keeps his evening appointment with the research worker to fill in a schedule even though his precious three-year-old baby suddenly, at 6 P.M., has been operated on for appendicitis. The mother had previously filled in a schedule. The father did it with two of his boys—aged eleven and thirteen years—standing near him. At the space, "Children's term" in the vocabulary sheet, he spent several electrically silent minutes and then said, "Why not ask the boys, they are here?" It was done in a childish and in an adolescent handwriting. The results are illuminating. If you could see and know our two research workers you would know the *why* of these things.

There is one regrettable defect in this research and that is that we may not secure facts and attitudes from a considerable number of fathers. We are trying to develop this possibility and indications are that we shall secure active coöperation from fathers even in the midst of their busy lives.

Our hope is that by January next, the Women's Co-operative Alliance will have completed their program with reference to at least 1,000 families, i.e., that they will have made first calls on 1,000 families followed by second calls with the last opportunity for study conferences, attendance, library service, consultation and home chart recording and that we shall have a sufficient number of research schedules completed to serve as a basis for developing an evaluating instrument.

Concurrently, several other studies are in progress. In-

formation concerning children's questions and the answers given to them by parents is being transcribed to statistical forms from the 6,400 available records.

We find that rarely has a complete reply from a parent been recorded, a fact which limits appreciably the scope of this particular study. In our independent study, however, we are covering this point with special care, as we consider it one of the important indices of the practices of parents in the sex education of their children.

A second study is being made to determine the value to parents of available reading materials. We have classified pamphlets into three groups depending on the point of view of approach. Our plan is to send the pamphlets one by one in series of ten or a dozen to twenty-five or more, to different parents, with the request that they read each critically and record their opinions and reactions on a research form and return it in a stamped addressed envelope to the Social Hygiene Bureau. Each pamphlet carries a *sticker* which reads:

UNIVERSITY OF MINNESOTA  
SOCIAL HYGIENE BUREAU  
Room 1, Folwell Hall

This pamphlet is one of those now available on subjects related to the Social Hygiene field. It is sent to you as a parent for impartial criticism, but it is not necessarily endorsed by the Social Hygiene Bureau.

This project is being received with particular enthusiasm by parents. We have classified some 60 pamphlets into three groups, each with several sub-headings. Coöperating with us in the study by furnishing the necessary number of copies of their publications are the U. S. Public Health Service; Institute for Child Guidance of New York City; Child Study Association of America; the Women's Co-operative Alliance; the Boards of Health of New York State, New Jersey and

Minnesota; the Federal Children's Bureau; the Children's Aid Society of Pennsylvania; the American Medical Association; the National Committee for Mental Hygiene, and The American Social Hygiene Association.

Materials for a third study were assembled last year. Three complete eight-session series of group conferences carried on by three different parent advisers of the organization were recorded by shorthand and transcribed. At the first and the seventh sessions of each study group, questionnaires were filled in by those in attendance. The objective of this study is to find a possible evaluation of the effectiveness of such study groups.

Other studies which we will make include: opposition of mothers to sex education; indifference of mothers to sex education; attitudes of parents to the sex education of their children; practices of parents in the sex education of their children; teaching materials in sex education for parents; methods and technique in sex education for parents and sources and content of information of parents and of children concerning the reproductive system.

Our hope is that a year from now, we may have some report as to the actual effectiveness of such a program and that there will be available some of the results of our research.

## MUNICIPAL CONTROL OF VENEREAL DISEASES \*

HENRY F. VAUGHAN, D.P.H.

*Commissioner of Health, Detroit, Michigan*

The venereal diseases although recognized as belonging to one of the most incapacitating groups of communicable disease, had received very little administrative consideration from the health officer prior to the World War. Admittedly, some health departments had established clinics prior to 1918 and many had launched ambitious educational programs. There was, however, no widespread movement in this country until our entry into the great European conflict. Then under the strenuous influence of rapid military mobilization, a burden of appalling magnitude was suddenly placed upon the shoulders of the public health administrator, accompanied by propaganda of well intentioned social reformers who wished the health officer to solve all the vexing problems of vice and prostitution in the name of public health. How like our early experiences in the field of sanitation when elaborate and expensive systems of house-plumbing and drainage were made compulsory in the name of typhoid fever and sewer gas! The War served as a great impetus to public health work and especially to venereal disease control but, after the excitement of the moment had passed, we found ourselves taking a saner viewpoint toward the problem, recognizing that the venereal diseases are not unlike other communicable diseases, and, in general, are subject to the same control measures. The health officer should view gonorrhea and syphilis in the same manner he regards diphtheria and scarlet fever and the success of his administration will depend upon his ability to adhere to such viewpoint and refrain from any attempt to revolutionize the social and moral fabric of mankind in the name of public health.

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\* Read at a Joint Meeting of the American Public Health Association and the American Social Hygiene Association at Chicago, October 15, 1928.

The first essential in a program for the control of the communicable disease is to see that the cases are reported to some properly constituted authority. It makes little difference whether this be a federal, state, county or municipal authority, as long as there is an official division of government clothed with the power to receive reports and execute the control measures which should be instituted as a result of such notification.

There should, preferably, be a state law compelling physicians or others who have a knowledge of a case of venereal disease, to report the same to the local health department. The Committee on Administrative Practice of the American Public Health Association, basing its judgment upon studies carried on over a period of years, has concluded that if these diseases are well reported there will be found not less than six hundred cases per annum per one hundred thousand population. Of course the incidence will vary somewhat locally in accordance with certain well recognized variables. The industrial center with its congested areas and great increments in population will show a higher incidence than the more peaceful suburban community in which each family owns its own home and where there does not exist the social and domestic problems of the lodging-house filled with factory workers. Doubtless no measuring stick can be offered that will do full justice in every instance but that proposed has been found to fit in the majority of cases.

It is preferred that cases of gonorrhea and syphilis be reported by name and address as are cases of tuberculosis and typhoid fever. If local sentiment is against such practice, they may be recorded by number, provided the informant keeps a record of the name and address to which the health officer may refer in case his epidemiologic studies indicate such necessity. We must all, however, recognize the extreme difficulty of studying the relationship between reported cases of any communicable disease unless the health officer and his epidemiologist can have the full name and address of each case.



Statistics that are not intelligently analyzed and applied are of very little value. Reported cases will enable the health administrator to see that adequate treatment is given to infectious cases and will also permit of the inauguration of control methods, the application of which will tend materially toward a reduction in the incidence of these diseases. The extent to which medical treatment is being given by the private practitioner as well as by the public clinic cannot be adequately measured except where special incidence studies have been made. Treatment at the hands of the family physician or specialist should be encouraged. In fact the ideal situation would be for each patient to receive complete treatment at the hands of the physician of his choice. Such practice will be encouraged by the health department when it makes available approved preparations such as arsenicals, etc., for indigent cases under the care of the private physician.

There will always be many infected persons not under the care of a physician who will be without funds or with very limited financial resources and who must, therefore, either attend a free clinic or one at which the charges are very moderate. American practice indicates that there will be about eight hundred registrants per one hundred thousand population. Like the tuberculosis clinic and sanatorium, the venereal disease center should serve as a school of education. The dangers encountered by the patient if treatment is neglected, the havoc wrought by needlessly exposing others, the avoidance of infection, the value of approved medical treatment in contradistinction to drug store prescription and quackery, should be taught to all clinic patients. The clinic must be well manned medically with sufficient nurses and clinical aid. There should be a social service department to weed out those capable of paying for medical service. The education program, including more especially a preliminary medical examination and the giving of advice, should extend to all who seek admission, even though they may be able to

pay for medical service elsewhere and even though they be found free from infection. If this is not done the applicant usually becomes discouraged and fails to seek good medical advice elsewhere.

It is believed that the well operated clinic will receive not less than fifteen visits from each case that has been accepted for treatment. In applying such standard it is first necessary to eliminate from the number of clinic cases those found negative and those, although positive, referred after diagnosis and consultation to a private physician for treatment. It seems scarcely necessary to state that the treatment by the private physician should be just as complete as that given in the health department clinic. There should not only be a definite method of referring cases to physicians but an established follow-up system to see that the patient reports for treatment and continues through the complete course of treatment. The health department should have at its command a well trained personnel not only to follow up cases that fail to report to the private physician but more especially to keep in touch with clinic cases and to trace sources of infection.

The appraisal form sets as a standard that 60 per cent of cases which have discontinued treatment should be returned to the physician or clinic. In 1926 in Detroit we recorded 1,986 cases as having discontinued treatment. Of this number 1,189 or 59.8 per cent, were returned to the physician or clinic. Of 2,392 cases discontinuing treatment in 1927, 1,262, or 53 per cent, were returned for treatment. It might not be improper at this time to refer to some local studies made in Detroit bearing on the question of control practice. These studies have not been reported elsewhere and so far as we know, no figures bearing on this subject appear in the literature.

A nine month study has just been completed of male cases attending the venereal disease clinic operated by the Detroit Department of Health. A total of 4,092 men were interviewed and 428 sources of infection were reported by these male

patients. During the nine month period of study we obtained a record of the sources of infection in 13 per cent of instances. The appraisal form sets a standard of 10 per cent. The appraisal form further sets a standard of 50 per cent of located cases to be subsequently examined and brought under treatment. This standard has been set, we believe, with the intention of applying it to the probable sources of infection. It is quite obvious that not all reported sources will be found positive. This is borne out in our own studies by the fact that of the 428 sources recorded 189 or 47 per cent were examined and of these only 80 or 42 per cent were found positive. The 80 positive cases therefore, represent only 19 per cent of the 428 sources of infection reported.

Our experience indicates that the percentage of men giving source of infection is small and the number dwindles alarmingly from cases reported to cases examined, cases found positive, cases satisfactorily treated, until the number of cases cured is very small indeed.

The Detroit study was made in an endeavor to determine, if possible, the most efficient methods of ascertaining the source of infection. Statistically the study shows that when the man reporting is over thirty years of age results are much better than the average and the same is true when the woman reported is foreign born or has a family connection, that is, lives with her husband, her parents or relatives, or has children. Other factors such as color, employment, age of the reported woman, duration of the disease, etc., did not seem to have any marked influence upon the effectiveness of the follow-up system. The geographical location of the case in the city seemed to be of little importance. One of the interesting features in the survey was that of the 80 positive cases found 27 had previous clinic records. This constitutes an interesting criticism of the follow-up system of the clinic. We feel that the whole question of following up sources of infection and the securing of adequate treatment is deserving

of much more attention than it is now receiving at the hands of most health administrators.

It is obvious that there are many features of the administrative program which we have not mentioned but time would not permit of developing each and every phase of the problem. With respect to quarantine and hospitalization we merely wish to say that we believe that these means of control should be employed only when dealing with individuals who are not amenable to reason. The hardened prostitute who insists upon plying her trade while infected should be placed behind bars where she can be restrained and treated; the first offender should be treated more leniently especially if she is subject to the salvaging influence of the church group who will be found willing to provide a more appropriate place for her retention and treatment.

In conclusion let us again reaffirm our previous statement to the effect that success in the control of venereal diseases depends upon the ability of the health officer to regard the problem as one in the control of a communicable disease. Here again maximum success will be attained only with the intelligent cooperation of those who are unfortunate enough to be ill.

## THE PROTECTION OF ADOLESCENCE \*

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*American Social Hygiene Association*

Youth should be the happiest period of life. It is the time when there are great new, restless energies which fill the child with activity, and make him feel that he can do or become anything. It is the time when ideals stand out most clearly and seem most capable of attainment. It is a period when there is usually someone else to protect him from the full burden of life and yet, to those who have come into close contact with the inner story of personal tragedies, comes the knowledge that a large number of these tragedies have their beginnings in wrong choices of friends and of standards of conduct between the ages of twelve and twenty, in many instances centering around mistaken ideas as to what constitutes a good time, and an inability to understand the real values of life.

The young people of today are no worse than those of former generations, but they are more frank and more fearless. They want the truth about life. They are observant of the many disasters, which are occurring in family life. They are questioning whether new standards are needed. When they read that one out of every six marriages ends in the divorce courts, they are sometimes allured by false philosophies such as temporary "companionships" which may be relieved of some of the parental and economic responsibilities now recognized by both church and state as a part of marriage.

We know that monogamous marriage under its best conditions meets the biological and ethical needs of human beings and the time has come when those who have the care and guidance of young people must consider carefully as to how

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\* This radio talk is published as another example of those which have been successfully broadcast by national, state and local social hygiene speakers.

youth may best be guided and prepared for social and family relationships which will be satisfying and stable.

Knowledge is one of the important needs of youth—knowledge concerning the biological facts of life, the meaning of adolescence—the period when he receives his share of the creative forces; knowledge concerning the meaning of human love and family life and the dangers of accepting false substitutes. He needs to have knowledge of his new emotional life, its significance and the importance and possibility of its control in the interest of his future happiness. The girl needs to understand that her growing interest in her own beauty and its adornment, and her desire for the admiration of the other sex are all natural, but must be kept within bounds.

The boy needs to know that the fight for clean living is not easily won but that the victory is possible and necessary if he is to get the best out of the great adventure of love to which most men look forward.

Before the time for mating comes it is important that the creative impulses and emotions of youth should be diverted into other channels. Work is one of the safe channels. But for youth, work must not be monotonous. It must have variety, must make him feel the joy of his developing individuality and power and that he is storing up something for future use and getting ahead. It must be work such as will not injure his growing body nor strain his moral nature. Another necessary channel of activity lies in the field of recreation and athletics. Boys and girls must have amusement and good times to look forward to, and most of them enjoy chiefly the good times in which members of both sexes take part. Boy Scouts, Girl Scouts, Y.M.C.A. and Y.W.C.A., Knights of Columbus, Young Men's and Young Women's Hebrew Associations are among the agencies offering wholesome channels for leisure time activity and in many places, the leaders of these groups are recognizing the value of arranging opportunities for sharing social festivities with members of the other sex, and of stimulating an interest in

group amusements as a substitute for too early "pairing off" and indulgence in undesirable emotional stimulation.

Many young people must find their amusement in commercial recreation places. Unless the community undertakes its responsibility in seeing that these are adequately supervised and licensed, wrong moral standards are frequently maintained and the adventurous joyousness of many people is often exploited to their moral detriment.

If the home and family life of future generations is to be preserved, young people must be given definite ideals concerning their own responsibilities in preparation for such family ties as they are themselves to form. They need to be brought to a realization that good health, moral integrity, unselfishness, thrift and tolerance all play an important part in making marriage successful. These qualities are not easily acquired but must be fostered during the period of youth.

It is important that there should be no widening breach between the members of the older and the younger generations and that a bond of confidence should be established between them. Too often, children consider their parents old-fashioned, narrow-minded, and hypocritical, while parents charge the younger generation with being lawless, adventurous, selfish, and even degenerate. It is important that a bond of understanding and confidence should be established early. The period of childhood is the time for this, for then the child has unfailing confidence in his parents and if encouraged to do so comes to them with questions, problems and confidences. If the parents answer the questions truthfully, according to their best ability, if they sympathize in the problems and respect the confidences, they will be rewarded by entering into the life of adolescent boys and girls as friends rather than as intruders. One of the first periods of separation between parent and child comes when the child's natural eager question concerning the origin of life is met with an evasion, a myth or a rebuke. More and more parents are coming to see that they have in the truthful answer to this question, an oppor-

tunity to awaken in the child a sense of the wonder of life, and to teach him of the strength of the family tie. The subject of sex is not one to fear when it is interpreted in its relation to love and family life, but when it is interpreted in the street or school yard, as an obscene relationship it becomes an utterly degrading phase of life.

The child who fails to secure the confidence of his parents in matters pertaining to the origin of life and who receives his information from unworthy sources is apt to lose confidence in and respect for his parents and may become susceptible to wrong influence and morbid thoughts and experiences. Frequently parents do not have a vocabulary of simple and dignified words which meet the need of the child. In this, social hygiene organizations, educational groups, and state boards of health can be of great assistance with literature, advice and information. Parents who desire such help are urged to get in touch with these agencies.

The older generation is preparing or failing to prepare the young people of today for their home building of tomorrow! Here is your challenge—and your opportunity.

## EDITORIAL

### A YOUTHFUL CRITIC ANALYZES BOYS

“At what age do boys and girls begin to think of each other in terms of sex differences rather than merely as fellow creatures?” This, in essence, was a question recently asked of a social hygiene speaker who, in turn, refers it to the jury of Journal readers. Personally, our guess would be that the age would vary rather widely in accordance with the environment, education, and mentality of the child.

It may be of interest, in this connection, to publish the brief essay of a twelve year old girl who seems to have rather decided views on the subject. It is printed exactly as she wrote it, the subject heading having been assigned as a gen-



eral one by a first year Junior high school teacher to her class in English composition.

It is only fair to state that a delightfully mischievous little brother aged five may have influenced the verdict to some extent. Here it is:

### “THE GREAT PROBLEM”

It has been said that children in the adolescent stage are the greatest problems but I do not wholly agree with this viewpoint.

From constant association and extensive knowledge of boys from the early ages of six to ten I am hereby ready to state that these are the great problems of humanity.

They can, in transient moods be sweet and lovable and then without any apparant cause whatsoever be destructive and odious to some defenseless person who does not appeal to their supposed finer sense. They, with their malicious humor can cause more pain and sorrow, humility and hate than one could hope to imagine. They, with their filthy habits are the reason many young mothers' hair be streaked with grey. They, with their crude idea of merriment will provoke more than one painful blush on the cheek of some young damsel who innocently enough proposed a moonlight stroll with her ardent admirer.

But as is always the case, a certain degree of good can be discovered in the most blood-thirsty criminal if one is inclined to search for it and thus is true with boys. Despite their badness and many faults, they have their virtues. They can be equally as perfect at times as they are detestable at others.

However, the great trouble is, no one really knows what mood next to expect and are always fearful lest they provoke anger at some unappropriate occasion.

But it takes two sides to constitute a problem and thus we have that universal one—those boys!

## SOCIAL HYGIENE BULLETIN

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**Noguchi Memorial in Cincinnati.**—Cincinnati honored the memory of Dr. Hideyo Noguchi at a memorial service held November 17th. A joint committee representing the Academy of Medicine, the College of Medicine of the University of Cincinnati and the Public Health Federation, sponsored the memorial and prepared a program national in scope. Invitations were extended to the federal and state government, the United States Public Health Service, the American Medical Association, the American Public Health Association, The Rockefeller Institute for Medical Research, the Army and Navy, the American College of Physicians, the American College of Surgeons, the surviving members of the Yellow Fever Commission, the surviving members of the Typhoid Fever Commission and the medical and scientific schools of the country.

Outstanding figures in medical science addressed the great public meeting which was held. "The Significance of Noguchi's Work to the World" was the subject of an address by Dr. Frank Billings, national authority in the field of internal medicine.

It showed the great contribution that science makes to the public weal, and at the same time did honor to this great peace-time hero. The Mayor of Cincinnati presided at the meeting, and Miss Hizi Koyke, Japanese grand opera star, sang. The Hon. S. Sawada, Counselor of the Japanese Embassy, represented his country.

Some of the members of the joint committee who sponsored the meeting were Dr. Dennis Jackson, Dr. Shiro Tashiro, Dr. Victor Greenebaum, Dr. T. A. Ratcliff, Dr. N. C. Foot, Dr. Julien E. Benjamin, Mr. Max Senior, Dr. William H. Peters and Dr. Elizabeth Campbell.

**Sex Instruction.**—"When? How?" is the title of an article occurring in the November, 1928, issue of *Children, the Magazine for Parents*, written by Karl de Schweinitz, General Secretary of the Family Society of Philadelphia. He says, addressing parents, "It is your privilege and duty to give your children a knowledge of the marvelous processes by which we come into the world."

Continuing he says: Children ask questions about everything else, why shall they not ask about their birth? Whether their interest is expressed in a natural and healthy way will depend largely upon the attitude of their parents, for what parents think and feel is more important in sex education than what they say.

The best way of making a sound beginning in sex education is to equip the child with the knowledge of the names of the different parts of his body. A policy of informality in the matter of dressing and undressing will prepare children for understanding the processes of reproduction, and give them a wholesome attitude toward the human form. Plant and animal kingdoms abound in educational opportunities, much can be learned from flowers and the habits of pets.

Questioning in a child can easily be encouraged or discouraged. When he asks questions about sex each answer given must satisfy him. To block his questions at any point by refusal, or evasion or postponement is to jeopardize those qualities of frankness and freedom which are the elements most to be cherished in the relationship between parent and child.

The strategic time for education in the fundamentals of the story of reproduction and birth is during the years before adolescence. Then sex is not so likely to be charged with the emotion that begins to characterize it in later years, and the very fact that the subject is not quite so significant to the child makes possible an impersonal approach that will be of great help to him when he grows older.

A parent's explanation of reproduction is better than any other, but not every parent is able to give it, in which case the story may be read to a child, or he may read for himself if he is old enough to read.

No book, and no other form of sex instruction, is a solution of all the problems that arise out of this phase of life. Knowledge alone is no guarantee against trouble, but it is a powerful help.

**The Number of Persons Needing Sterilization.**—This paper is one of a series of articles on Eugenic Sterilization in California, by Paul

Popenoe. Other articles in this series have been published in the *JOURNAL OF SOCIAL HYGIENE*, and in the October issue a summary was given of marriage rates of the psychotic. The following is a summary of a paper appearing in the *Journal of Heredity* (September, 1928):

"1. The number of persons in the United States with an intelligence quotient of less than 70, and therefore seriously deficient in intellect, appears to be not less than 4 per cent.

2. About 4 per cent of the population will also be patients at some time during life of a hospital for mental diseases. Others equally in need of such hospitalization will not receive it, but their unknown number should be added to the 4 per cent mentioned in taking a national inventory of the amount of damaged germ-plasm.

3. When these two groups, the mentally deficient and the mentally diseased, are added together (there is not much overlapping), the total number of persons who are definitely subject to mental diseases of a serious nature or are intellectually retarded to a serious degree must be nearly 10,000,000.

4. Many of this number owe their condition to heredity, and the question of eugenic sterilization may, therefore, arise in connection with them at some time.

5. The number of persons carrying inheritable physical defects or dispositions of a serious nature is even larger than that carrying the more severe forms of mental abnormalities. In the number are the small groups of blind, deaf, crippled, and the like, and the large groups, characterized by degenerative conditions of the heart, arteries, or kidneys, and by such diseases as tuberculosis and cancer.

6. While the groups with mental defects furnish all the cases of compulsory sterilization, the groups with physical defects appear to furnish most of the cases of voluntary sterilization in California.

7. In view of the great numbers of affected persons, it is concluded that the state must take immediate and active interest in voluntary as well as in compulsory sterilization."

**The Venereal Disease Clinic.**—Gordon Bates, Medical Director, Venereal Disease Clinic, Toronto General Hospital, in the October, 1928, issue of the *Public Health Journal* says: "It seems to me that more information as to the possibility of ultimately reducing the

problem (venereal disease control) may be obtained in a venereal disease clinic than anywhere else”.

The patients in a large venereal disease clinic on the whole seem very like patients attending the other clinics in the hospital; while it is true that there are certain characteristic outward signs in the early case, most cases attending the clinic do not show evidences of the disease. Since many syphilitics are not even cognizant of the fact that they have syphilis, all patients in general hospitals should be submitted to the routine Wassermann examination. Thirty-five per cent of cases discovered will be unaware of the fact that they have syphilis at all. Since the initiation of the anti-venereal disease campaign, by means of the routine Wassermann, the percentage of syphilitics in the wards of Toronto General Hospital has been reduced from 12.8 in 1917 to 3.8 in 1927; a large proportion of the cases attending the venereal disease clinic has been recruited from the wards.

The venereal disease clinic by itself will not control venereal disease; such control in any community depends on a study of the factors making for its existence, a recognition of the fact that these factors are social and an attempt to deal with them on a community scale by community organization. Education and legislation are necessary aids and supplements to the clinic.

The venereal disease clinic in a hospital provides many opportunities for effective service beyond the mere treatment and limiting of a communicable infection. A physical examination may bring to light various complications other than those caused directly by syphilis or gonorrhea; the work of the nurse-social worker is invaluable; but of most importance is the intimate contact between the clinic physician and the patient. The patient should be able to consult his physician in privacy, and he should be able to see the same physician on different visits to the clinic.

The questions of prophylaxis and the teaching of sex-hygiene are briefly touched upon and the need of parent training and sufficient health legislation is noted. Dr. Bates concludes: “Certain it is that in the absence of sound public opinion the health machinery of our country will be weak. In the absence of good health machinery, including strong official departments of health, the great problems we are discussing cannot be solved. For no nation is greater than the people who make up that nation, and no person is greater than his environment and his heredity permit.”

**The Sordid Side of Carnivals.**—(*Survey*, October 15, 1928.) Buffalo, New York, after an extensive protest has succeeded in prohibiting the appearance of street carnivals. This has been accomplished chiefly through the efforts of the social agencies.

In 1925 there were eighteen carnivals licensed in Buffalo; in 1926, thirteen and in 1927, twenty.

The objectionable features were numerous. The games of chance were taking money of those least able to spare it; child-labor laws were violated, cheap and objectionable shows were presented, but the greatest menace was the moral hazard. The carnivals were found to be rendezvous for chance meetings, and definite acts of immorality committed were reported. In a check-up of maternity homes in the community one home alone reported that in 1927 twenty-five girls had applied for care because of the results of chance acquaintances made on the carnival grounds.

For the past few years there has been an increasing resentment spreading through the country against this type of carnival. In many communities the situation has been met by completely banning these shows.

**Adult Education.**—Under the heading "Adventures in Adult Education" the *Survey* (October 15, 1928), tells of two recent experiments. One was at Ashland College, a school for adults, where for six weeks last summer an experiment was carried out in training adults to educate themselves. This college is located near Grant, Michigan, and here, "disregarding all academic standards and conventional classroom methods, a small group of grown-ups under the leadership of Dr. John E. Kirkpatrick sought through cooperative study and discussion and through living, working and playing together, to think their way through some of the major problems of to-day."

It is primarily a community project, the school and the community of Grant establishing a closer relationship than had formerly existed.

The second adventure was carried out at Mills College, where an adult school was held. Here, too, the work was based on subjects of general interest. Problems of the family, marriage and divorce were discussed and with the purpose of presenting the different sides of a question, Dr. J. P. Lichtenberger of the University of Pennsylvania, Rabbi Newman, the Reverend Robert E. Brown of the First Congregational Church of Oakland, and Father Carroll of St. Ignatius

College presented their views. Other discussions and study dealt with birth control, juvenile delinquency and problems of race and immigration.

The problems of the modern world are growing in variety and complexity and if adults are to meet them with intelligence, youthful training will have to be supplemented.

**Health Talks of Value.**—The New York State Department of Health, through the courtesy of the General Electric Company, has broadcast a health talk from Station WGY every Friday night. To estimate the good that is done through such a medium is difficult to ascertain. Letters received by the Department of Health indicate that the health feature is looked forward to by many people. While the main purpose has been to inform the masses how disease may be prevented and health maintained, individuals have at times been helped in meeting some particular problem. The Health News tells of a woman who had contracted syphilis from her husband and who had decided to commit suicide because she considered her case and that of her child hopeless. She heard a health talk on syphilis and its treatment and was thus led to seek further advice from the Department. She was directed to a clinic and so received help.

**The Report of the Division of Social Hygiene in Chicago.**—From January 1, 1928, to July 31, 1928, the Division examined for venereal disease 1,569 men who were arrested in raids on disorderly houses. During the entire year of 1927 only 192 men of this type were examined. The reference of these men to the Health Department by the Morals Court has made it possible for this division to reach a group of young men who might profit by the information given them regarding venereal diseases. A Wassermann blood test is taken, and the individual asked to return for the results; if a specimen is found to be positive and the patient has failed to call he is sent a letter asking him to call at the Department.

The number of men examined in 1927 was 192; those infected were 29. For the first seven months of 1928 the corresponding figures were: examined, 1,569; infected, 132. For same periods the figures for women are as follows: examined in 1927, 6,817; infected, 4,826. For the first seven months in 1928: examined, 2,399; infected, 1,798.

The Department examines all persons who are referred to it by private physicians, medical school dispensaries, and all volunteer

patients who cannot afford to pay a standard fee. It isolates and treats venereally infected prostitutes and carries on an educational program, attempting to teach the public the approved lines of venereal disease control. (*Chicago's Health*, Oct. 16, 1928.)

**A New School of Nursing.**—Dorothy Anderson, formerly chief of the Division of Child Hygiene and Public Health Nursing in the State of New Mexico, has been appointed Supervising Nurse in the Ministry of Health in Costa Rica. She is to establish a school of public health nursing and a social service department of the venereal disease clinics.

**Increased Birth Rate in England.**—According to a report of the Register-General of Great Britain, the birth rate in England and Wales has increased over that of 1927, and there is also a decline in infant mortality. During the second quarter of 1928 the number of babies born alive in England and Wales was 171,241, which amounts to a birth rate of 17.5 per 1,000. Measured by the proportion of deaths of infants under one year of age to births registered the infant mortality was equal to 60 per 1,000. This rate was 12 per 1,000 below the average of the preceding second quarters. For the year 1927 as a whole, the birth rate was the lowest in the history of civil registration, the rate for the entire country being 16.7. The birth rate today is half what it was forty years ago.

**Fourth Pan-Pacific Science Congress.**—The Fourth Pan-Pacific Science Congress will be held in Batavia, Java, May 16 to May 25, 1929, under the auspices of the Netherlands Indies Pacific Research Committee and supported by the patronage of the Netherlands Indies Government.

All branches of the physical and biological sciences bearing on tropical life and conditions will be discussed at the Congress; and excursions will be projected to various places of industrial, scientific and historical interest in the islands.

The first meeting of the above mentioned Congress was inaugurated at Honolulu, Hawaii, in 1920; subsequent meetings have been held in Australia and in Japan.

**Playgrounds Decrease Delinquency.**—A decrease of 20 per cent in 25 years in the number of juvenile delinquents in Milwaukee, Wiscon-



sin, although the population doubled during that time, has accompanied the spread of supervised playgrounds which the city started at the beginning of the period. In Dayton, Ohio, the sections of the city with adequate playground facilities show 30 per cent less delinquency than the districts which lack them. And a distinct decrease in court cases involving delinquent children has been reported as following the establishment of proper play facilities by 223 of 351 playground directors and superintendents of schools who replied to a questionnaire addressed to them by the magazine, *The American City*, published in New York City. The officials who did not report decreases were mostly from small towns where the delinquency problem is less acute.

An interesting development is increased use of playgrounds after nightfall as a means of luring children from the moral and physical hazards of the city streets at night.

**Nature Study Program, Boston Children's Museum.**—All-day field trips for boys and girls under a trained leader were conducted during the summer by the Children's Museum of Boston, situated at Jamaica Plain. Birds, insects, trees, and flowers were studied on the spot, and specimens were collected by the children to be mounted and classified by them at the museum. Prizes were offered for the best collections, the largest number of specimens, the best-written account of any collection, and the best piece of natural history research.

Teachers have called attention to the fact that social hygiene teaching can easily and logically be given to the children in connection with such trips.

**What About Children and the "Movies"?**—How important is the question of children attending the "movies," asks the United States Department of Labor, and in answer to the question says: Rather so, because of the enormous number attending. In Los Angeles it was found that 60,000 children under the age of twelve were going to the picture shows every week, and in a large group of school children in Kansas, a typically rural state, nearly half of the 8-year-old children and two-thirds of the 14-year-olds went once a week or oftener. These facts indicate the need for regulating indiscriminate attendance by children, for higher standards in the matter of pictures

on the part of parents and the general public, and for the cessation of the habit of parking unattended children at the moving picture theaters, which some parents seem to find an easy way to assure themselves an evening for their own amusement purposes free from responsibility for their offspring.

**Health Conditions.**—*Illinois Health News* reports a rather marked increase in the incidence of venereal diseases. Increase in reporting went up from 3,528 to 4,455 cases for the first four months of 1928 compared with 1927. The increase in gonorrhea notification was not so pronounced but it was substantial. Case reports went up from 5,406 to 5,847.

*Georgia's Health*, Macon, Georgia, 1928, VIII, 4, says: "The records of the Department of Venereal Disease Control of the State Board of Health show that 45,401 Wassermann tests were made during the year by the public health laboratory, which does not include the countless thousands made by private laboratories throughout the state; 48,088 doses of arsphenamine were distributed, an increase of 10,220 doses over the previous year; 34,570 Keidel tubes, an increase of 5,874 over the previous year, and 3,075 pamphlets of literature on venereal diseases. Also 26,890 ampules of silver nitrate to prevent blindness were manufactured and distributed to midwives and physicians."

**Health Welfare Institutions of the City of Vienna.**—(Georg Loewenstein. *Mitt. d. deutsch. Gesellsch. z. Bekampf. d. Geschlechtskr.*, Berlin, 1928, XXVI, 65.)

"The German health welfare school studied the activities of the city of Vienna, which the author describes as model. During the time following the War much good work was done in spite of the great difficulties for housing those without means, and for protecting young folks and controlling prostitution. Taxes on luxuries and on food, automobiles, servants, dogs, horses, constitute the source of income for the appropriations made for health welfare purposes. Furthermore, levies were made on transients, and rooms occupied by them, and all advertisements were subject to taxes.

Care was taken to leave the children in the families, where conditions seemed favorable, and to take care of them only in kindergarten during the day. There was a welfare center for mothers who received

assistance during the last part of their pregnancies and after confinement. This assistance was made dependent upon submission to a blood examination. This has been a valuable weapon in combating congenital syphilis. The magistrate of Vienna furnishes a layette to every mother when the child is born, irrespective of poverty. Children who are difficult to raise or to teach are kept under control by a physician.

All children are examined regularly when at school, but most minutely during the first year, and when parents consent, tuberculin and Wassermann tests are made. The mothers' welfare centers aid in creating understanding among the mothers.

Fifty per cent of illegitimate and two-fifths of legitimately born children are born in lying-in hospitals, and there latent gonorrhea is watched for. The city of Vienna is guardian over all illegitimate children. There are now 16,000.

At the center for this guardianship there is room for boys and girls of all ages and an isolation ward for infectious diseases for school children. There is a ward for gonorrhea of children and for syphilis. In 1926 there were 3,324 cases of venereal disease (?) at this ward. There are 24 places where the children can stay during the day.

Discussion at present is lively regarding the question whether the police should constitute the health boards or whether the health of the population should rest with the health boards."

**Drastic New Zealand Bill to Prevent the Propagation of the Defective.**—A mental defectives bill which has been introduced into the house of representatives of New Zealand provides for the creation of a new class of mental defectives to be known as the "socially defective" and the constitution of a special board to exercise supervision over them. The board, which is to be composed of leading medical, educational and prison authorities, will be charged to the compilation of a list register of the names of all mentally defective persons who, though not "of unsound mind" (*i.e.*, suffering from acquired mental disease), may be classified as idiots, imbeciles, feeble-minded, epileptic or socially defective. To assist in the compilation the director of education is required to furnish returns on school children suffering from retarded mental development, deficiency disorder or epilepsy. Provision is made for appeals to the supreme

court against registration and for the removal of names when warranted. Marriage of registered persons is prohibited. If it is deemed desirable in the public interest the board may authorize the sterilization of any registered persons, but the consent of parents or guardians is necessary in the case of minors and of persons mentally incapable of understanding the consequences and nature of the operation.

In a letter to the *Morning Post*, a leading psychiatrist, Dr. J. Shaw Bolton, professor of mental diseases, University of Leeds, sounds a note of warning on these proposals to create a new class of defectives. He points out that mentally defective persons are not necessarily the progeny of mental defectives; that in the severer grades mental defectives are deprived by nature of the capability of procreation, and that enormous numbers of mental defectives of all kinds are procreated by apparently normal and healthy persons. He trusts the bill will be rejected.

A resolution has been proposed to the Corwin Board of Guardians (Wales) that all inmates leaving mental institutions as "cured" should have the advantage of sterilization explained to them. This will not entail any pain, being a simple local operation, and will not prevent the patient from being married. According to Dr. W. Herbert who submitted the resolution, there is a quarter of a million of unfortunates to whom the operation would be a godsend, as well as a protective measure for future generations.

**The Maternity Service Report of the East Harlem Nursing and Health Demonstration.** (A statistical report compiled from medical, nursing, and nutrition data collected in a five-year demonstration period.)—This report is based upon analysis of record data collected in the routine care given to 1,978 maternity cases over a five-year demonstration period. That the service did not suffer from its inclusion as a part of a generalized nursing and health service, is evidenced in the results reported. An honest effort to measure the service rendered with the community need for service is evident. Maternal death rates are checked with case histories and death certificates.

The service reached 30 per cent of all mothers in the district who were delivered of living infants during the five-year period and absorbed one-fourth of all funds available for sickness and health activities.

Of the report, Dr. Haven Emerson writes: "It is an admirable record and interpretation." Dr. C.-E. A. Winslow comments: "I have read the report on the Maternity Service of your Demonstration with very great interest. I think this is one of the soundest contributions to a very complex subject and congratulate you most warmly on the way in which the material is handled and on the admirable results obtained." Dr. Snow says: "I want to commend the concrete and convincing method which you have used in preparing the report and leading up to your summary and conclusions."

Copies of this report may be secured from East Harlem Nursing and Health Service, 354 East 116th St., New York.

**The Prevalence of Syphilis and Gonorrhea in New York State.** (A study by Albert Pfeiffer and Herbert W. Cummings reported in the *New York State Journal of Medicine*, October 1, 1928.)—In the October issue of the *Journal of Social Hygiene* a Study of Venereal Disease Prevalence in Cleveland was reported. The study in New York State was made for similar reasons, but is of even greater interest since it was state-wide.

The state exclusive of New York City presents an excellent field for a study for the prevalence of these diseases in communities of diverse size and character. Its total population estimated as of July 1, 1927, was 5,495,387; its 57 counties range from wholly rural to predominatingly urban. New York State is peculiar compared with some other states in that the lines of travel from rural communities near the border of the state lead mostly to cities within the state. It is not probable that many cases go outside the state for treatment, and the number coming in from other states is likewise very small.

Statistics for syphilis and gonorrhea in New York State have been collected and tabulated for the last ten years. New York City requires direct reporting of these diseases by the attending physician, but in the rest of the state the reporting is indirect, the physician sending specimens to approved laboratories for examination, positive findings being reported to the State Health Department.

The main object of the survey was to determine the number of cases of syphilis and gonorrhea under medical supervision at a particular time to obtain a base line for future incidence trend.

The survey was conducted mainly by mail; a questionnaire of three questions was sent to all physicians whether in private practice,

clinics or institutions. They were asked the number of cases of syphilis and of gonorrhea under active treatment or observation as of May 2, 1927, the information to be grouped according to sex and stage of the disease. They were also asked to give their opinion regarding the incidence trend of syphilis and gonorrhea and the reasons for such changes as had been observed. Those failing to reply were given a second opportunity and in some cases nurses interviewed those not returning the questionnaire.

The Division of Social Hygiene was fortunate in meeting with cordial cooperation of the medical profession. The physicians who replied to the questionnaires represented 85 per cent of the total number registered, and since a number were either retired or not treating these diseases the returned questionnaires represented even a larger percentage of physicians who treat such cases. Since the questionnaires were confidential and the physicians were not asked to sign them they did not contain any intentional deviation from the true facts. The figures received, therefore, probably present a true picture of conditions in the state on the date of the survey.

The following is the summary of this study:

"The total population of territory covered in this survey was almost 6,000,000. Observations based on populations of this size are but little subject to chance error and the conclusions based on them picture local conditions accurately. The territory covered was large enough, and population sufficiently varied in density, occupation and racial stock, to represent reasonably accurately the conditions in the northeastern part of the United States.

"In five counties—Cattaraugus, Hamilton, Putnam, Tompkins and Warren—reports were secured from every physician. In 17 counties with a total of 1,291 registered physicians, more than 97 per cent of the questionnaires were completed.

"Data were obtained from 5,402 sources divided as follows: 93 per cent from physicians, 1 per cent from clinics and 6 per cent from state hospitals and institutions.

"Nearly half (45 per cent) of the physicians reporting had one or more cases under treatment or observation on the day of the survey. Of those treating, 80 per cent had cases of syphilis and 75 per cent had cases of gonorrhea.

"Among other results of this survey it has shown that most of the cases are treated by physicians. Although there are more than

fifty clinics for indigents at strategic centers, 73 per cent of all cases of syphilis and gonorrhea were treated in private practice; 61 per cent of syphilis cases and 89 per cent of the gonorrhea cases. Monroe County had the highest proportion (53 per cent) of syphilis cases treated at clinics, and Cayuga County the highest proportion (37 per cent) of gonorrhea cases attending the clinics. A very much higher proportion of the syphilis cases (21 per cent) than of gonorrhea cases (8 per cent) were treated in the clinics. On the day of the survey, the cases of syphilis and gonorrhea treated or under observation in private practice, clinics, hospitals and state institutions numbered 25,113; of these 14,476 were cases of syphilis and 10,637 were cases of gonorrhea. This gave a prevalence rate of 4.57 per 1,000 population, 2.63 for syphilis and 1.94 for gonorrhea.

"The prevalence rates for males were about the same for syphilis (3.34) and gonorrhea (3.00), whereas for females the syphilis rate (1.93) was more than twice the gonorrhea rate (0.88).

"Of the women who were under treatment for syphilis on the day of the survey, 44 per cent were attending clinics, more than double the corresponding proportion (21 per cent) under treatment for gonorrhea.

"The data available do not warrant definite conclusions regarding the prevalence of syphilis and gonorrhea according to the urban or rural character of the population or according to the density of population.

"It has given a basis, imperfect perhaps, but of real value, for estimating the relative prevalence of syphilis and gonorrhea. The survey has given for the first time information upon which even a rough estimate of the incidence of gonorrhea could be based.

"It has made possible the comparison of statistics of New York State with those of cities, counties and states which may make in the future similar studies.

"It has proved strikingly that the general practitioner in New York State is treating syphilis and gonorrhea.

"It shows that the ten years of organized effort by the Federal Government and the State Division of Social Hygiene have probably resulted in getting thousands of infected persons under scientific treatment.

"It has demonstrated that these diseases are sufficiently prevalent to constitute a major problem in preventive medicine."

**Social Hygiene Delegation to Cyprus and India.**—During the winter of 1926–27 at the invitation of the governments concerned, a Delegation from the British Social Hygiene Council visited Cyprus and subsequently the Provinces of Bombay, Madras, Burma, and Bengal, and the States of Baroda and Mysore in India. Doctor David Lees, of the Delegation, summarized the findings of this field expedition in *Health and Empire*, June, 1928.

An inquiry was made into the incidence and the facilities both from the preventive and curative aspect for dealing with venereal disease. Special inquiries were made into the facilities available for the treatment of the members of the Mercantile Marine.

As far as possible in the limited time available, courses of clinical lectures were given to medical men and to medical undergraduates. In the university towns, consent was obtained to make venereal disease a special subject in the curriculum of medicine and to make a knowledge of it compulsory prior to graduation in medicine.

In every city or province the men of the medical profession showed themselves to be eager to acquire a knowledge of the subject, to be willing to cooperate with the delegation in supplying information, and in getting better facilities provided for dealing with these diseases.

In Cyprus the four large hospitals are in charge of Government Medical Officers. The information presented by these officers and also from a large number of general practitioners shows that syphilis and gonorrhea are very prevalent.

There is no organization dealing with the disease, hospitals give treatment only in case of pauperism. Members of the hospital staff and general practitioners lack training in methods of diagnosis and treatment. Delegation members were convinced that the general public of the Island were very ignorant of the disastrous after-effects of venereal disease on themselves and on their offspring.

Recommendations presented by the Delegation to the Legislative Council were as follows:

(a) The provision of a scheme of free and confidential treatment in at least three of the larger hospitals.

(b) The appointment to the Government Medical Staff of a specialist in venereal diseases.

(c) The provision of free bacteriological diagnosis of venereal disease for all doctors practicing on the Island.

(d) The provision of hospital beds for acute cases.



(e) The establishment of antenatal centers for the treatment of pregnant women and of children.

The position in India is different from that in Cyprus. The medical service in India may be divided into four large groups: (1) Indian Medical Service including European and Indian personnel; (2) subordinate Indian Medical Service; (3) independent practitioners, chiefly graduates of Indian Universities, and (4) practitioners of systems of medicine, such as Ayurvedic and Unani.

In most cases members of the groups are alive to the dangers of venereal disease, but even those in charge of hospital administration and of hospital treatment have practically no time to attend to this branch of medical work.

It is difficult, even in government hospitals to obtain accurate information regarding the incidence of venereal disease; but it was the opinion of hospital staff members and private practitioners that throughout India, both in the urban and rural population, it is very high.

In Bengal over 100,000 cases of primary and secondary syphilis and acute gonorrhea were seen in the state and public hospitals and dispensaries in the year 1923. In the J. J. Hospital, Bombay, nearly 40 per cent of all patients have signs of venereal diseases. In one child welfare clinic routine Wassermann tests performed on a series of unselected children showed over 50 per cent positive reactions. In Madras, Burma, Mysore and Baroda, incidence seems to be equally high.

The facilities provided are totally inadequate to deal with the venereal problem; the existing treatment centers are inefficiently staffed, and poorly equipped. Unless the service is improved they will not attract sufferers, and still less will they influence them to continue treatment. The failure to provide for the diagnosis and treatment of venereal disease in its early stages can only result in an increase of hospital expenditure as these hospitals have to undertake the treatment of these cases as in-patients at a later date when their disease has advanced and can only be alleviated instead of cured.

As in Cyprus, the delegation presented recommendations. These were approved by the various medical societies, by public meetings of medical men, by the medical members of the University Senates and by the provincial governments of Madras, Burma, and Bengal.

The government of each province agreed to support these recommendations as far as they could in the present financial situation.

In brief they are:

(1) That in all large hospitals there should be provided adequate out-patient accommodation and equipment for the diagnosis and treatment of venereal diseases.

(2) That in all teaching hospitals and others selected there should be provided additional in-patient accommodation for male and female patients.

(3) That in maternity hospitals antenatal beds should be provided to deal with syphilis and gonorrhea during pregnancy.

(4) That provision should be made for the treatment of infected children at welfare centers.

(5) That more practical teaching should be given in hospitals to undergraduates of medicine, and that the subject of venereal disease should be made a compulsory one in the medical curriculum.

(6) That provision should be made in one of the teaching hospitals for postgraduate teaching.

(7) That provision should be made near the docks for the treatment of venereal disease in members of the Mercantile Marine.

(8) That there should be provided by the government a system of free bacteriological service to enable practitioners to have tests made in suspected cases of venereal disease.

(9) That a free supply of salvarsan and other products should be given to approved hospital clinics.

(10) That for the purpose of organizing this work, supervising the treatment, and coordinating the work in the various hospitals, there should be appointed a specialist in venereal disease in each province, who shall be a member of the surgical teaching staff in the University, work under the Surgical Director, and cooperate with the Director of Public Health.

There seems to be a strong desire on the part of the government and of the health authorities to carry out these recommendations. If they are executed successfully much will have been attained in dealing with this serious problem.

## ASSOCIATION NOTES

The annual meeting of the American Social Hygiene Association will be held in New York, January 18 and 19, 1929.

Meetings of the standing committees and of the Board of Directors will be held on Friday, January 18th. There will also be opportunities for the discussion of programs and problems, at which time it is expected many social hygiene executives and workers, both volunteer and professional, will participate. In the evening the Committee on States Relations will sponsor a dinner meeting, the cover charge for which will be \$2.00.

On Saturday morning, January 19th, the Annual Business Meeting will be held in the Hotel Pennsylvania, at 10:00 A.M., this to be followed by the Board of Director luncheon at one o'clock.

Members and friends are invited to take part in these sessions, and reservations for the luncheon meeting may be made by all wishing them, the cover charge to be \$2.00. Full details of the two-day sessions will be sent to all members with the annual meeting call.

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Arrangements have been made with the State Normal College of Alabama for the introduction of social hygiene as a part of the regular curricula of the sixteen accredited high schools in that state. This work will be especially concerned with the reorganization of the high school biological, hygiene, and social science courses to include the essential social hygiene facts for students. The details for the plan include faculty conferences, demonstrations, check-up, and a published extension report by the State Department of Instruction at the end of the demonstration, which will require one year.

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The luncheon given in honor of Lady Astor by the International Policewomen's Association, October 17th, in Washington, was attended by four hundred men and women, including the Secretary of the Navy, the United States Attorney General, Miss Jane Addams, Mrs. Raymond Robbins, Mrs. Borden Harriman and Mrs. William Howard Taft. The American Social Hygiene Association was represented by Dr. Valeria H. Parker, Miss Henrietta Additon and Mrs. Anna Garlin Spencer.

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Mr. Ray H. Everett spent a major portion of November in

the field. His work has taken him to Washington, D. C., New Haven, Connecticut, Boston, Massachusetts, and Augusta, Maine, where he has consulted with local and state groups and officials on various social hygiene problems. Among the subjects considered were the desirability of a survey of one city, and the needed follow-up work in another.

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The Council of the Royal Canadian Institute was addressed by Dr. William F. Snow on the subject "Health Work of the League" at a meeting held in Toronto, November 17th.

Dr. Snow has recently been made a member of the Governing Council of the American Public Health Association.

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The New York State Conference on Social Work held in Rochester, was attended by Miss Jean B. Pinney. She also spent some time in Syracuse, Buffalo and Niagara Falls conferring with representatives of local groups regarding local social hygiene work.

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Dr. Valeria H. Parker on a recent field trip spent some weeks in North Carolina. She addressed district meetings under the Extension Division of the North Carolina College for Women and lectured throughout the state.

Washington, D. C., was visited and the major portion of her time there was devoted to Child Guidance Groups.

As Director of the Department of Social Morality of the Woman's Christian Temperance Union she attended and spoke at the Annual Convention of the National W. C. T. U., held in Boston. While in Massachusetts she also addressed groups in neighboring cities of Boston.

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Dr. Thomas A. Galloway, continuing his work in Cleveland, Ohio, has been assisting the Social Hygiene Bureau of the Cleveland Health Council and giving lectures throughout the city. Dr. Max J. Exner also was in Ohio for a part of the month. He addressed a meeting at a Special Conference for Elementary School Teachers held in Cleveland. Discussions as to what could and should be taught in the lower grades through nature studies, the exchange of experiences and the keen interest shown by those in attendance made this meeting one of especial value.

Dr. Walter M. Clarke attended the Southern Medical Association meeting held November 12th to 15th, in Asheville, North Carolina. The Association had an exhibit made up of medical scrap books, charts, pamphlets and free distribution envelopes. The statistical charts proved of special interest.

While in the field, Dr. Clarke went to Washington, D. C., to confer with Thomas Parran, Jr., Assistant Surgeon General, and Dr. Blanche Haynes of the Children's Bureau. Plans were discussed relative to work on congenital syphilis to be done through the coming year by the Association in cooperation with Federal agencies.

### THE FORUM

*The JOURNAL will publish selected letters or excerpts considered of general interest, assuming no responsibility for the opinions expressed therein. Communications must be signed, but publication of signatures will be withheld when so requested.*

#### *To the Editor:*

In view of the fact that the book "How Life Begins" by V. M. and B. C. Cady is published and sponsored by your Association I am taking the liberty of calling to your attention a mistake which I am sure you will wish to have corrected before another printing. The fact that the rest of the book is excellent, and is widely used are other reasons for my wishing to have this error rectified.

On page sixty-eight there is a reference to identical twins, in which the statement is made that one egg is sometimes fertilized by two sperm, resulting in so-called identical twins.

If such a thing were to occur the resulting offspring would have like maternal characteristics, but unlike paternal and hence would not be "identical." It has been demonstrated that if more than one sperm enters the egg only one fertilizes it; the nuclear material of the extra sperm disintegrates and becomes absorbed.

It is certain that identical twins result from the complete cleavage of the same fertilized ovum.

Following is an extract from "Problems of Genetics," by William Bateson, which I am quoting to substantiate the statements I have made above:

"The term twin as ordinarily used refers to the simultaneous birth of two individuals. Those who are naturalists know that such twins are of two kinds: (1) twins that are not more alike than any other two members of the same family, and (2) twins

that are so much alike that even intimate friends mistake them. These latter twins, except in imaginative literature, are always of the same sex.

It is scarcely necessary for me to repeat the evidence from which it has been concluded that without doubt such twins arise by division of the same fertilized ovum. There is a perfect series of gradation connecting them with the various forms of double monsters united by homologous parts. They have been shown several times to be inclosed in the same chorion, and the proofs of experimental embryology show that in several animals by the separation of the first two hemispheres of a dividing egg twins can be produced. Lastly we have recently had the extraordinarily interesting demonstration of Loeb to which I may specially refer. Herbst some years ago found that in sea water, from which all lime salts had been removed, the segments of the living cell fall apart as they are formed. Using this method Loeb has shown that a temporary immersion in lime-free water may result in the production of 90 per cent of twins. We are, therefore, safe in regarding the homologous or "identical" twins as resulting from the divisions of one fertilized egg, while the non-identical or "fraternal" twins, as they are called, arise by the fertilization of two separate ova."

I would be interested to know if other readers had noted the error stated above, and to see further comments on the interesting subject of identical twins if this subject is of sufficient interest to the Editor.

D. G. C.

### BOOK REVIEWS

THE MARRIAGE CRISIS. By Ernest R. Groves. New York and London: Longmans, Green & Co., 1928. 242 p. \$2.00.

Books by Dr. Groves have already become classics in the wholesome interpretation of marriage and the family, as these ancient institutions are confronted by the changed conditions of modern life. His "Personality and Social Adjustment" and "The Drifting Home" and especially the volume of "Wholesome Marriage" in which he collaborated, are used to great profit in many college classrooms and widely read by the general public. This latest book is more distinctly an answer to the questions which are puzzling the minds of those most sensitive to the currents so confusing to youth which are

set in motion by the new freedom of women and the new inventions that make all mankind near neighbors. These questions Dr. Groves outlines as follows:

"Has marriage become archaic; must the family disappear? Have we a new life and a new morality?" For answer he puts "Trial marriage under the Microscope" and shows its incapacity to give either personal satisfaction, right conditions for parenthood or social well-being. He declares that "what marriage and the home need are not substitutes but a social situation that gives them a better chance to function."

He further declares, after the most searching examination of the claims of "companionate marriage" as urged, for example, by Judge Lindsey, that "any effort to label experimental sex relations with the marks of genuine marriage means confusing the issues and effacing the distinction between seeking sex for sex's sake, and marrying for affection." This is the most searching and the most frank and forthright dealing with the attitude that is undermining monogamic marriage that we have had and the book should be circulated here and in other countries where pseudo-scientific and hysterical utterances are clouding clear thinking and sound morality.

A. G. S.

PSYCHOLOGY OF INFANCY AND EARLY CHILDHOOD. By Ada Hart Arlitt. New York: McGraw, Hill Book Co., 1928. 228 p. \$2.00.

This is the first volume in the "Euthenics Series," edited by the director of the newly organized Institute of Euthenics, Vassar College. The purpose of the book is to bring the principles and discoveries of modern psychology, about the young child, to the aid of the parent and teacher in a simple and authoritative way. It is intended as one of a series of texts to be used in enlightened departments of home economics, where for too long the biological, psychological, and social foundations of marital and parental efficiency, as factors in home welfare and management, have been studiously underemphasized.

The treatment is sufficiently orthodox, psychologically. It is behavioristic without breaking with those who do not follow Watson to the bitter end.

After a chapter devoted to suggestion of the problems presented by the preschool-age child, come five fruitful chapters outlining the inherited equipment—physical, behavioral, innate tendencies, and emotions. Then follows in five chapters a treatment, on moderate

and practical lines, of habit formation, sensation and preception, memory, imagination, and the thinking process. The book closes with chapters on various forms of expression including language and drawing; social attitudes of the preschool period and the development of personality; individual differences in preschool-age children.

While such a book could scarcely be expected to be particularly original in matter, it is outstanding in being simple, practical, balanced, and highly usable as a text. Each chapter carries a sufficient list of references, and an outline of class exercises for guidance in practical observation and inference in respect of child nature and activities.

T. W. G.

SOCIAL WORK AND THE TRAINING OF SOCIAL WORKERS By Sydnor H. Walker. University of North Carolina Press, 1928. 241 p. \$2.00.

"Social scientists and social workers must come into contact with each other, learn to speak the same language and develop mutual confidence" is the general thesis of this book. If the schools of social work live up to the opportunity afforded them by a friendly attitude on the part of the social scientists they should open up channels with the local social organizations of value both to schools of social work and to the social science departments. Social workers on the job must be educated to work with social scientists. The most obvious way to accomplish this in the future is to provide training for social workers in the universities where the social science departments participate indirectly in the course. A program of social welfare which will elicit the interest and cooperation of scientists is therefore needed. Leadership must be taken by the scientists or by social workers or by the public in shaping the program which will draw together all the factors necessary for realization. Someone must turn executive, accepting responsibility for pointing out the functions which each group must assume and be able to demonstrate the soundness or at least the logic of its plans to the public, to the social worker, to the social scientist. Such a leader must have knowledge of the scope of each professional group whose services he commands and must have the particular ability to mold their various contributions into a coherent, functioning whole.

"The destiny of social work should be determined primarily by developments in the social sciences. Guidance for social work must come from this direction since the constructive program can be



based only upon knowledge and understanding of the meaning of social phenomena." ELWOOD STREET.

THE FAMILY IN THE MAKING. By Mary Burt Messer. New York and London: G. P. Putnam's Sons, 1928. 359 p. \$3.50.

Starting with the descent of man's putative ancestors from their putative tree-tops, Miss Messer traces the development of the family through the highly speculative conditions of savagery; through the oriental and classical civilizations, through the rise of Christianity, the feudal period, the Renaissance, and the industrial era, dwelling on the supposed progressive emancipation of woman which finally she brings to its brightest flowering in the American woman's suffrage campaign. It is much-travelled ground that she traverses, but she tells the story readably, with a "feminist" perspective throughout. The book is, however, destitute not only of any references or bibliography, but even of an index.

With the "emancipation" of her sex, she leaves it in a man-made world where it is distinctly out of place. As she says, woman has merely masculinized herself. Is this the best that evolution can offer? Miss Messer finds some difficulty in imagining a state of affairs that shall give woman the desired "freedom" and at the same time make of her a distinctive female and not merely a second-rate male. She sees the most hopeful development in Christian Science, the discovery of a woman, which has reintroduced the female element in religion that men had succeeded largely in driving out of it. The book ends with a vague affirmation that in some way or other family life will probably be made into a satisfactory social form "admitting of the highest measure of freedom yet attained, but supplying at the same time a gracious bond supporting rather than constricting the rich life of our modern day."

PAUL POPENOE.

### BRIEFER COMMENT

ELEMENTS OF RURAL SOCIOLOGY. Newell Leroy Sims. New York: Thomas Y. Crowell Co. 1928. 698 p. \$3.75.

A text on rural sociology, which takes into consideration the urban point of view. Many students of rural sociology have an urban background, consequently there is a need of interpreting rural society for them. This approach has been followed, but has not been stressed so as to sacrifice the value of the work for those who have no such problem. It is a comprehensive treatment of problems, both practical and theoretical. The author has analyzed rural attitudes, characteristics of the rural community, and the status of the American

farmers considered as an economic class. The book is fully illustrated and includes much valuable data in the form of graphs and charts.

**THE NEUROTIC PERSONALITY.** R. G. Gordon. New York: Harcourt, Brace and Co. 1927. 300 p. \$3.75.

The author starts with a consideration of the meaning of the term "personality", and then considers the failure of adaptation within the individual which is termed "neurosis". His approach is a psycho-physiological one. Methods of treatment and the theories upon which those methods are based are considered and their value and limitations appraised.

**AMERICAN SOCIOLOGICAL SOCIETY REPORT OF TWENTY-SECOND ANNUAL MEETING.** Chicago: University of Chicago Press. 1928. 353 p. \$2.00.

This volume deals with the relation of the individual to the group, and includes some twenty topics relating to this central one. Abstracts, reports of various committees, minutes of the annual business meeting, and a membership list, are included.

**PAROLE AND THE INDETERMINATE SENTENCE.** A report of a committee which made a study of the problem in the State of Illinois.

The report is divided into five major parts:

The history and development of the parole system in Illinois; the workings of the parole board and its relation to the court; parole and rehabilitation of the criminal; factors determining success or failure on parole; summary of the findings and of the recommendations.

The study was made to determine whether the indeterminate sentence and parole should be abandoned or continued.

**EDUCATION THROUGH PHYSICAL EDUCATION.** Agnes R. Wayman. Philadelphia: Lea & Febiger. 1928. 378 p. \$4.00.

The modern girl needs to be taught how to conserve, and to have wholesome outlets for, her energy; both of these needs can be supplied by a wise, sane Physical Education. This book advocates an educational philosophy to meet these needs. "It concerns itself less with the detail of technique and more with the general administration of all physical activities; less with the rules and more with the general physical education program and problems connected with it; more with standards, ideals, principles, methods and systems."

**THE EMPLOYMENT OF WOMEN AT NIGHT.** Mary D. Hopkins. A bulletin recently published by the Women's Bureau of the United States Department of Labor.

The main section of the report deals with conditions in the United States and in foreign countries and appendixes show the extent of night-work legislation. The text of the Bern and Washington Conventions is given and the extent to which the latter has been ratified by foreign countries.

**JOBS AND MARRIAGE.** Grace L. Coyle. New York: The Women's Press. 1928. 101 p. \$1.00.

In an effort to determine what social and economic changes are leading

women in increasing numbers to combine jobs with marriage a discussion outline has recently been prepared by Miss Coyle of The National Young Women's Christian Association. The discussion outline is supplemented by factual material and opinions pro and con culled from a wide variety of current books and studies of marriage.

A few questions are given to show the range of interest bound up in the problem:

What is the extent of gainful employment among married women?

What is the attitude of employers toward the employment of young married women?

What new elements are injected into the relationship between the husband and wife by the wife's employment?

Are there enough jobs to go around?

The last census showed that 23 per cent of all women employed were married. What is the effect of the combination upon the home, the husband, the children, the wife herself, the single worker?

**PARENTS AND TEACHERS.** A survey of organized cooperation of home, school, and community. Martha S. Mason. Boston: Ginn. 1928. 317 p. \$1.75.

The first third of this book is devoted to brief statements by well-known educators concerning the contributions of home, school, community and religion to the education of the child. The remainder of the book chronicles the development of the parent-teacher movement and indicates the present purposes, functions and machinery of the National Congress of Parents and Teachers, which now numbers more than a million and a quarter members.

#### PUBLICATIONS RECEIVED

*Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.*

**COMING OF AGE IN SAMOA.** By Margaret Mead. New York: William Morrow & Co., 1928. 297 p.

**PARENTS AND CHILDREN.** By Ernest R. and Gladys Hoagland Groves. Philadelphia: J. B. Lippincott Co., 1928. 196 p.

**PREVENTIVE AND CORRECTIVE PHYSICAL EDUCATION.** By George T. Stafford. New York: A. S. Barnes & Co., 1928. 328 p.

**CORRECTIVE PHYSICAL EDUCATION FOR GROUPS.** By Charles Leroy Lowman, Claire Colestoch and Hazel Cooper. New York: A. S. Barnes & Co., 1928. 521 p.

**WHY WE MISBEHAVE.** By Samuel D. Schmalhausen. New York: The Macaulay Company, 1928. 313 p.

**REPORT OF STATISTICIAN YEAR ENDING JUNE 30, 1927.** Report of Department of Public Welfare, State of Illinois. 1928. 252 p.

**THE GREAT SECRET.** By William Robert Thurston. New York: Traymore Press, 1928. 34 p.

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